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Smithsonian Institute

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THE MEDICAL AND SURGICAL REPORTER:

A WEEKLY JOURNAL.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1062.] PHILADELPHIA, JULY 7, 1877. [Vol. XXXVII.—No. 1.

Original Department.

Communications.

REPORT OF SEPTIC POISON AND DEATH.

BY A. M. F. M'COLLOUGH, M.D.,

Of Knightstown, Ind.

Mrs. G., aged 37 years, of lymphatic temperament, has had ten children. Health, previous to last illness, good—this dating back some five or six months, yet only under treatment or medical observation for a period of six or eight weeks. Has been suffering from chronic congestion of liver, complicated with malaria, and attended with a marked degree of icterus, from which the symptoms indicated she was better, and further treatment for same was suspended. On the 2d of May, about four weeks ago, she was confined, and gave birth to a hearty child, which still survives. Her labor was easy and uncomplicated; but little hemorrhage during or after labor—less than usual. She seemed to improve as on former occasions, always being from two to three weeks getting up. By the end of the second week she was able to sit up some; condition of secretions fair; lochiæ still continuing; lacteal moderately good. Yet she was weak, owing much to the condition brought in previous to labor, in prior sickness. In a few days from this time she was taken with a sense of numbness and pain of lower extremities, followed by an œdematous condition. The arms were swollen, with red lines, markedly intense, over the course of lymphatic vessels, causing pain on slightest pressure, then attributed to absorption of some toxic element, either from vitiated condition of system or puerperal metritis; less likely the latter, since there had been no evidence of inflammatory disorder such as would be noticed by temperature, pulse, or secretions, up to this time. On the 17th or 18th day lochia was checked, leaving no offensive odor or discharge. Under treatment, seemingly improved, œdema subsiding very much; arms less tender and painful; general appearance better, and continued so for three or four days; temperature, highest point noticed, 101½ to 102°; pulse never above 105 to 110; no marked tenderness over abdomen; bowels were moved by use of laxatives. About this time, two days preceding death, she was taken with swooning attacks, two or three per day, simply a form of syncope, being conscious immediately after paroxysm. A consultation, which resulted in no other special developments, was held on the morning of her demise, May 29th. She sat up in bed some time, seemed bright, ate quite heartily about 7.30, and was seen by both physicians at 8 o'clock, who pronounced her better. To the great surprise of all, at 9 o'clock she died. The above facts were obtained from the attending physicians. That evening an autopsy was held, which revealed the following facts: lungs smooth, normal and healthy; liver very much enlarged, weight nine to ten pounds, no adhesions; complete softening of right lobe; structure broken down and much infiltrated with pus; left lobe in similar state of degeneration, yet not so far advanced; gall bladder obliterated, being simply a pulpy mass of softened tissue; spleen enlarged, natural in color, soft and tender in structure; kidneys healthy; condition of bowels good; uterus none too large for the period after confinement (four

weeks), external appearance smooth and natural; no indications of inflammation of same or surrounding tissues; the inner structure of uterus much softened, and in a state of degeneration; mucous lining of posterior surface denuded, that of anterior smooth, yet softened; no evidence of remnant of placenta or retained blood clot therein; heart normal in size and structure, valves healthy; in left auricle was found an autochthonous clot, partially detached, almost organized in its structure, which undoubtedly was the immediate cause of death. The attacks of syncope experienced at times previous to death can justly be attributed to this. After the above facts were elicited, with previous history of the case, the question arose as to the primary cause of septic poison. Some thought it to be purely a case of puerperal metritis, the intensity of poison being first exerted on the congested liver, obstructing the hepatic cells and causing formation of pus, thence further diffusing the toxic element. Others take the view which I think more tenable, that the system had become vitiated prior to labor; judging from the extreme degree of degeneration in the liver, it had existed for a period longer than four weeks; the uterus after labor being in a favorable condition to take on this diseased action, the system underwent a low grade of inflammation, producing the softening and breaking down of tissue. From this the lymphatics absorbed the toxic element, and the blood being brought into a state of hyperinosis, formation of clot was the result, ending in death. The fact of low temperature, the condition of the pulse, and the small degree of constitutional disturbance, were against the idea of purely puerperal metritis.

A PECULIAR LABOR.

BY E. A. COBLEIGH, M.D.,
Of Athens, Tennessee.

I was called, April 10th, 1876, to attend a Mrs. M., in her third labor, as the messenger informed me. She was a lady twenty-four years of age, medium height, average build, ordinary health, and only a resident of the place (in which I was then practicing) for a few months previous to the date of my summons to her bedside. On arrival, found her lying down, already disrobed, but suffering only slight pains. I was told that her previous labors had been extremely rapid, uncomplicated and easy, and she had, on this occasion, taken to her bed on the first approach of suffering. In addition to the pains so far experienced, there had been a slight "show," first observed two hours before my visit, lasting only a short time, and unaccompanied by any feeling of suffering or discomfort.

But she complained most of an "escape of the waters," as she said, describing it as small in quantity and issuing from the vagina slowly. Expecting to find a distended bladder and undilated os uteri, I forthwith made a digital examination. As expected, there was not the least dilatation; but, contrary to my surmises, there was also, at present, a comparatively dry vagina, and a flabby, empty bladder. Whence came the water? Her time, as she claimed, would not be up for about three weeks, and her symptoms, except the pains, were not what she had experienced in her other labors. I therefore continued my examination; found the pains trifling, irregular and non-dilating, the abdomen rather small for a woman of her size, eight months along in gestation, and no positive signs of commencing labor.

However, she described her previous confinements as so remarkably easy and short that, at her own solicitations, I consented to await progress for a while, before leaving. I took dinner at the house, and then, at the end of an hour and a half, finding the pains weaker than at first, and no signs of labor to further detain me, I gave her an opiate and departed, promising to remain near home during the afternoon, where I could be quickly found if further developments indicated a necessity for my presence. My residence was only a short distance from her house.

I heard no more from the case, definitely, until the 27th of the same month, though rumor said that she had not yet been confined. But on the 27th her husband called for me, about 10 o'clock A. M., just as I was preparing to answer a rather urgent call to go into the country. From him I learned that she had been up, attending to household duties, ever since the day following my last visit. She had almost daily felt slight abdominal pains, with an occasional small "show" at the vulva. But besides this, she had continual dribbling of urine, burning and pain at neck of bladder, and rectal tenesmus, with, however, normal micturition at times.

Found patient resting quite easy, and in the absence of pain proceeded to examine the condition of her uterus. She said her pains were regular and hard, with long intermissions, but not bearing down in character, and there had been no escape of the waters. The bladder and rectum were empty, head presentation easily distinguishable through a fully distended os, passages rather dry but normally distensible, head lying low, and membranes apparently intact. Ruptured the membranes, pains came on, and at the third pain the delivery of child and placenta was accomplished, with no signs of liquor amnii, and no complications. The child, a healthy girl, weighed eight and a half pounds, and cried lustily. There was no more hemorrhage than is usual, the delivery was complete, and the mother doing finely, with almost no prostration, and no delay on account of the absence of amniotic fluid. I applied the binder, and, contrary to my habit, immediately left my patient, to attend the other case, then waiting my coming.

Woman and child both thrived well, the former leaving her bed (on her own responsibility, however) seven days after confinement, and resuming the supervision of household affairs. It was the most rapid labor, with one exception, that I ever witnessed, and the easiest, without exception. Comments are unnecessary.

Hospital Reports.

NERVOUS INFIRMARY.

CLINIC OF S. WEIR MITCHELL, M. D., APRIL 6TH, 1877.

Reported for the Medical and Surgical Reporter, by C. C. Vanderbeck, M.D., Ph.D.

Interesting Case of Nervous Exhaustion.

Case 20.—Mr. B.; is a professional pedestrian, once the champion of America, and is a man of medium size; an Englishman by birth; thirty-six years of age, and has been engaged in the "walking profession" for sixteen years. He states that he was educated for a lawyer, but, discovering in early life that he had great powers of endurance, decided to become a professional pedestrian. He has challenged all the professionals of the world, Weston included, and has been successful each time. He has often walked for one hundred and thirty-six consecutive hours, taking a rest of only fifteen minutes each twenty-four. He has been married for three years; has no children. His build is wiry; his temperament bordering on the sanguineous; his constitution naturally good, being a descendant of a healthy and long-lived stock.

Family History.—Both his parents are English and were perfectly healthy, and died in extreme old age. There were eleven children, he being the youngest. The family was healthy throughout. He came to this country seventeen years ago.

History of Present Attack —His last walking feat occurred in December, January, 1876, 1877, walking fifty miles in ten hours. He accomplished the feat easier than ever before, yet he became very weak after this walk. He thinks his system was running down before, and that this last match was the straw that tested his powers beyond endurance. For two weeks he felt comparatively well, then for two weeks he was only able to get about with difficulty, and since that time he has been abed. He has lost in weight greatly; he ought to weigh 138 to 142 pounds, but has lost 26 pounds in six weeks and become very anæmic. He always lost weight during his engagements, losing once, in a week's tramp, 13 pounds.

Two weeks after the last walk he lost his voice, speaking only in a whisper, and this continued for nine weeks. There was no soreness of the throat, no diphtheria. He complains of intense headaches, especially marked at the back of the head and down the neck. This occurs at irregular intervals; no vertigo. He is very unsteady on his feet, and all his movements, even when lying in bed, seem to be unsteady and uncertain. His voice at the present time is weak and tremulous; eyesight good; faint systolic basic murmur of the heart. After eating he has oppression and sense of weight, and is troubled considerably with night sweats. While in the infirmary he has not had a temperature over 99½, and Dr. Cadwalader states that he has not had marked fever at any time, neither has he had diarrhœa nor skin eruptions. Of course, such a case is open to the suspicion of being a walking typhoid, and the schedule of symptoms supplied is too incomplete to make us positively sure one way or the other, but the very want of symptoms, the utter loss of voice without inflammatory conditions, with the speedy recovery, would lead me rather to class it with other forms of trouble.

Cases like this one are, I fancy, very rare. They do not present themselves usually among athletes, because of the original strength and endurance, the exceptional amount of which lead the man into pursuits like our patient's. Such persons are strong to begin with, and train with great care, so that instances of excessive exhaustion are rare among them. To find them, we must come into contact with the feebler members of masses of men subjected to long and severe trials of physical power and endurance. Such an opportunity was given in our late civil war, when enormous

numbers of men were submitted at times to the ordeal of insufficient diet, trying weather and incessant marching. Under this treatment a small percentage broke down, and at last gave out entirely, unable to march a step further. Many such cases reached, at last, the United States Army Hospital for Diseases of the Nervous System, where they were sent as paralyzed. Paralyzed they were not, unless the utmost extreme of exhaustion be paralysis. I do not remember to have seen such cases elsewhere, but the present case recalls them forcibly to my mind. The history they presented was in some respects analogous, not identical. This man did not show signs of exhaustion until some time after his walk was over, and he then rapidly passed to the extreme of feebleness, with loss of voice, a state in which he was ably treated by his attendant physician, Dr. Cadwalader, who finally brought him to my clinic for advice.

In the cases furnished by war, marching was kept up until they failed, and could go no further. In some cases the motive to walk until they actually dropped was the presence of a pursuing enemy. It might be supposed that in such cases immediate rest would suffice for relief and cure, and in many it did, but in a few the exhaustion increased after exertion was over, and a state of paresis was attained, the like of which can rarely be seen in civil life; certainly, hardly ever in men at least, and rarely even in overworked anæmic women.

Our war patients got readily well on rest in bed, beer, and full diet, with strychnia.

The present case will be put at absolute rest, be masseéd once a day, fed every two hours, and take malt liquor moderately. As to drugs, I shall give him only iron, and not the subcarbonate of the U. S. Pharmacopœia, which we usually employ, but the dialyzed iron—a neutral solution of the peroxide, with which I have been experimenting largely of late. It is commonly given in doses of thirty or forty drops a day, which would be a small dose, as the solution contains twenty four grains to the ounce. I use it, however, as I use most iron preparations, in far larger doses, and have given it freely by the drachm or the half-ounce, without its causing annoyance. The preparation is certainly tolerated well by some people who do not bear other forms of iron, and as it does not blacken the teeth, or in any way affect the bowels, I have been altogether pleased with it. Its freedom from unpleasant taste is also no mean advantage. The foreign forms of dialyzed iron are sometimes objectionable, both on account of their price, their taste and the uncertainty of their quality. These objections do not apply to the admirable specimens of the drug as it is now made, on a large scale, by John Wyeth & Bro., of this city.

—The Parisians, during 1876, ate 9271 horses, asses and mules; an increase over 1875 of nearly three thousand.

Medical Societies.

PENNSYLVANIA MEDICAL SOCIETY.

The Medical Society of the State of Pennsylvania met at Harrisburg, Wednesday, June 13th, in the Capitol, and was called to order by the President, Dr. R. B. Mowry, Allegheny, at 3 P. M.

Dr. Curwen, Chairman of the Committee of Arrangements, introduced Rev. William A. West, of Westminster Church, who opened the session with prayer.

Dr. John Curwen then delivered an address of welcome, after which he reported the programme, as follows:—

Wednesday, commence at 3 P.M., adjourn at 6 P. M. Evening, reception by Dr. G. W. Reilly.

Thursday, commence at 9 A. M., adjourn at 12 M. Afternoon, commence at 3 P. M., adjourn at 6 P. M. Evening, reception by His Excellency, Governor John F. Hartranft, after which the Dauphin County Medical Society invited the Society to a banquet at the Bolton House.

Friday, commence at 9 A. M. At 11 A. M. the Society to be entertained at the Insane Hospital, by Dr. John Curwen.

On motion, the programme was adopted.

On motion, the clergy of the city were invited to seats with the Society.

The Permanent Secretary then read the names of the duly registered delegates, etc. The entire number registered was one hundred and eighty-four.

On motion of Dr. J. G. Stetler, Philadelphia, all the members of the Dauphin County Medical Society not delegates or permanent members, were invited to seats.

The Vice-President, Dr. G. W. Reilly, Harrisburg, having taken the chair, the President delivered the annual address.

On motion of Dr. Turnbull, Philadelphia, thanks were tendered Dr. Mowry for his interesting and learned address, and a copy was requested for publication.

On motion, Drs. H. S. Wishart and J. T. Rothrock were invited to seats.

Dr. Curwen read an appeal relative to the insane poor, and presented a memorial, as prepared by the committee appointed. It was ordered to be published with the Transactions.

He offered the following resolution, which was adopted:—

Resolved, That a committee of seven be appointed by the President of this Society, who shall exercise a cautious and watchful care over all matters pertaining to the general welfare of the insane, and diffuse such information as may be needed to secure that object in the most judicious manner.

The President appointed as the Committee on Dr. Curwen's resolution—Dr. Curwen; Traill Green, Easton; J. A. Reed, Dixmont; S. G. Lane, Chambersburg; A. H. Detwiler, Williamsport; Thomas S. Kirkbride, Philadelphia, and S. S. Schultz, Danville.

Dr. T. Green, Chairman of the Standing Committee, reported a paper from Dr. P. D. Keyser, Philadelphia, and on motion he was granted permission to read it.

On motion of Dr. Stetler, it was agreed that the delegates should meet immediately after adjournment, to select their members of the Committee on Nominations.

The Report of the Committee on Medical Education, Dr. A. M. Pollock Chairman, was read by the Permanent Secretary.

To the Medical Society of the State of Pennsylvania:—Your Committee, to whom was referred the resolution of Dr. A. M Pollock, offered at the meeting, May–June, 1876, would respectfully recommend its adoption, with the following modification:—

Resolved, That all county medical societies now existing under the regulations of this Society, or which may hereafter be so organized, shall—at the next meeting to elect officers following the adoption of this resolution, or at the election of officers when such society shall have been organized, and annually thereafter—be required to elect three members, to be called medical examiners, whose duty it shall be to examine all applicants for admission as students of medicine under the tuition of members of the society; and said Committee shall withhold their certificate from any applicant, unless he be of good moral character, possess a good English education, and a sufficient knowledge of Greek and Latin to enable him to pursue his studies with advantage. And no member of any county society shall receive any person as a student of medicine, unless he presents a favorable certificate from this committee.

Your Committee would also recommend the adoption of the following resolutions, viz:—

Resolved, That every member of a county society organized, or which may hereafter be organized, under the regulations of the Medical Society of the State of Pennsylvania, before receiving any person as a student of medicine, shall require him to enter into a contract to pursue his studies for a period of not less than three years; and it shall be the duty of his preceptor to present him a certificate countersigned by the secretary of the local society of which he is a member, setting forth the facts as above stated.

Resolved, That it shall be the duty of all members of the profession holding allegiance to the Medical Society of the State of Pennsylvania, to recommend their students to attend only such medical colleges as rigidly enforce the full three years' course of study in their curriculum, and otherwise conduce to elevate the standard of graduation.

Your committee deem it needless to offer an apology for calling attention to the hackneyed subject of medical education. It is only necessary to refer to the literature on the subject for the past twenty or thirty years, in the transactions of our medical organizations, to convince us that it is considered a matter of the greatest importance. And while we are willing to acknowledge that our progress has been slow, yet we are not of those who think that nothing has been accomplished. We believe that every paper that has been written, and every debate on this important subject, has made an impression—like the drop of water on the rock, slow, to be sure, but if persistently continued, will overcome all obstacles.

It certainly does not follow, that because we cannot accomplish as much as could be desired in a given time, we should give up in despair! For this reason we propose to keep the stream flowing, and expect, by proper guidance, to see it at last reach the hoped-for goal.

In the discussions on the subject of improving the standard of medical education, our attention has been directed too much to the public teacher. Now let us commence at the root of the evil, by requiring the private instructor to present better material to the medical institutions, and then hold these to a full responsibility for a faithful performance of their duty.

A. M. Pollock, *Chairman.*

On motion the report was accepted and referred to the Committee of Publication, and its consideration was made the special order for the second day of the session of 1878.

Dr. Keyser then read his paper "On Some Forms of Inflammatory Diseases of the Eye being Caused by Defects in Refraction and Accommodation." It was referred to the Committee of Publication.

Dr. R. A. Sibbett, Chairman, read the report of the Committee on Medical Legislation.

Mr. President:—The Committee on Medical Legislation respectfully report that a bill, substantially the same as that suggested in the Transactions of last year, was introduced into our Legislature, and, after undergoing modifications in both Houses, was passed, and has become a law of the State.

It fixes a standard of qualifications in the profession; it requires all persons who commence the practice to have the degree of *Doctor of Medicine;* it permits resident practitioners, who have been in practice five years, to continue without the degree; it requires registration by the prothonotaries of the several counties; it requires itinerant practitioners to pay a license of $50 to the county; and it imposes a fine of $200 on all who violate its provisions.

We may state further, that it recognizes the faculties of our chartered medical schools as the proper persons to conduct examinations and to issue diplomas. At the same time, it places the responsibility of a well-educated profession in the future upon these institutions—a most important feature of the law. May we not, therefore, in view of this fact, anticipate the time when the degree of Bachelor of Arts, or its equivalent, will be required, before the degree of Doctor of Medicine is conferred.

With regard to registration, your Committee desire to make a few remarks. Its advantages to the profession and to the people ought to be apparent; and yet we fear that the subject is

not well understood, either by the profession or by our legislators. The want of perspicuity in Section 3 of the present Act is sufficient evidence of this, and it may become necessary to prepare a memorial next year, setting forth the advantages of full registration, and to ask for the passage of a supplement to this section.

The objects aimed at should be the elevation of the profession and the public good; and to secure these, registration should be *uniform* and *impartial*. Moreover, it should be required under *oath* or *affirmation*. The responsible relations of the profession to the people fully warrant these conditions, and no honorable practitioner should object to them. In European countries registration is imperative; it forms the basis of all legislative enactments which concern the profession; and, indeed, it is impossible to see how a noble profession can be sustained in any country without it.

Registration, such as we advocate, would show how many practitioners of medicine there are in our State, and in each county, town, and city. It would show how many have obtained the degree of Doctor of Medicine; how many have obtained it from institutions in our own State; how many from institutions in neighboring States; and how many from institutions in foreign countries. It would also show how many are engaged in the practice of medicine without this degree, and many other facts useful to the profession and to the people.

For the sake, therefore, of uniformity in the records required to be made by the several prothonotaries throughout the State, and for the purpose of securing to the profession and to the people the advantages of thorough registration, your Committee would recommend:—

1. That a Record Book of convenient size be procured by each prothonotary, with an index attached to the first pages, and numbers to all the other pages.

2. That immediately after the index pages the following forms of registration for the guidance of the prothonotary and those who register, be printed or written on a separate page:—

FIRST FORM OF REGISTRATION.

STATE OF PENNSYLVANIA, ——— county, *ss.*

Before me, ———, Prothonotary of the county and State aforesaid, personally appeared ———, who, being duly ———, according to law, deposes and says:—

My name is ———, I am a native of (name the country). I obtained, in a regular manner, in the year ——, the degree of Doctor of Medicine from ———, an institution duly authorized to confer upon its alumni this degree. I also obtained (here insert all the degrees, or the same degree from another institution).

(Deponent signs.)

Sworn and subscribed before me, the —— day of ———, A. D., ——.

A. B., *Prothonotary.*

SECOND FORM OF REGISTRATION.

STATE OF PENNSYLVANIA, ——— county, *ss.*

Before me, ———, Prothonotary of the county and State aforesaid, personally appeared ———, who being duly ———, according to law, deposes and says:—

My name is ———, I am a native of (name the country). I have been in the continuous practice of medicine in the State of Pennsylvania, in (name the place or places), during a period of —— years. (Deponent signs)

Sworn and subscribed before me, the —— day of ———, A. D., ——.

A. B., *Prothonotary.*

In conclusion, your Committee would recommend that the leading members of the profession encourage the prothonotaries of the several counties (who are well paid for their work) to procure the books immediately, and to carry out registration as herein indicated.

R. L. SIBBETT, M.D., *Chairman.*

On motion of Dr. Green, it was adopted, and the committee continued.

On motion of Dr. A. H. Halberstadt, of Pottsville, it was

Resolved, That this Association commends most highly the adoption of the three years' graded course of medical instruction by medical colleges, and hereby pledges its support to institutions adopting such method.

On motion of Dr. Curwen, Dr. B. Lee, of Philadelphia, was granted permission to read a paper on "Diagnosis of Psoas Abscess."

Dr. Lee read his paper, and on motion, it was referred to the Committee of Publication.

Dr. Curwen then, on behalf of the Committee of Arrangements, announced the order for the morning.

On motion, the Society adjourned to meet at 9 A. M., on Thursday.

THURSDAY, JUNE 14TH.

The Society met at 9 A. M.

The following was announced as the Committee on Nominations:—

Adams county, R. B. Elderdice; Allegheny, James McCann; Beaver, T. J. McKinney; Bedford, J. N. Richards; Blair, R. Clark; Berks, L. H Cooper; Butler, C. E. Peck; Centre, T. R. Hayes; Chester, G. R. Spratt; Clarion, J. N. Beck; Clearfield, J. A. Bouse; Columbia, L. B. Kline; Cumberland, W. W. Dale; Dauphin, L. H. Lenher; Franklin, J. Montgomery; Huntingdon, D. P. Miller; Indiana, S. R. Rutledge; Lancaster, J. H. Mayer; Luzerne, H. J. Jones; Lycoming, T. H. Helsby; Mercer, E. Griswold; Mifflin, A. Rothrock; Montour, J. D. Strawbridge; Northampton, D. Engelman; Northumberland, L. H. Stoner; Perry, M. B. Strickler; Philadelphia, O. H. Allis; Schuylkill, A. H. Halberstadt; Tioga, G. D. Crandall; Westmoreland,

J. J. McCormick; Washington, J. H. Leyda; York, J. M. Shearer.

The Committee of Arrangements made announcements of papers to be read in order, at the morning and afternoon sessions.

Dr. John Curwen, having read the address on Mental Disorders, on motion, it was referred to the Committee of Publication.

Dr. Curwen introduced Drs. Larison and Lilly, representatives from New Jersey. Dr. Larison made a few remarks.

Dr. H. Lenox Hodge, of Philadelphia, read the address on Surgery, showing the recent advances, and exhibiting a variety of apparatus, etc.

On motion, the thanks of the Society were tendered to Dr. Hodge for his paper, and it was referred to the Committee of Publication.

On motion of Dr. J. G. Stetler, of Philadelphia, the members were requested to meet at the Capitol at 8 P. M., to go in a body to the Executive Mansion.

Dr. O. H. Allis, of Philadelphia, made some remarks on injuries of the elbow joint, illustrating the subject with diagrams. On motion, he was requested to prepare them to be submitted to the Committee of Publication.

Dr. Samuel W. Gross, of Philadelphia, read a paper on Stricture of the Urethra caused by Masturbation, illustrating it by the details of a large number of cases. The paper was referred for publication.

Dr. John H. Packard, of Philadelphia, made some remarks on perineal fistula treated by elastic ligature, illustrated by diagrams on the blackboard. He was requested to prepare his remarks for publication.

The Permanent Secretary read the report of the Nominating Committee.

OFFICERS FOR 1878.

President—Dr. D. Hayes Agnew, Philadelphia.

Vice-Presidents—Dr. A. Rothrock, Lewistown; Dr. J. D. Strawbridge, Danville; Dr. R. Hays, Bellefonte; Dr. L. Turnbull, Philadelphia.

Permanent Secretary—Dr. Wm. B. Atkinson, Philadelphia.

Recording Secretary—Dr. Henry T. Coffey, Pittsburg.

Corresponding Secretary—Dr. Wm. Goodell, Philadelphia.

Treasurer—Dr. Benjamin Lee, Philadelphia.

Committee of Publication—William B. Atkinson, Benjamin Lee, William Goodell, O. H. Allis, J. G. Stetler and James Tyson, Philadelphia, and H. T. Coffey, Pittsburg.

Delegates to American Medical Association—O. H. Allis and S. W. Gross, Philadelphia; L. H. Cooper, Berks; D. P. Miller, Huntingdon; John Curwen, Dauphin; A. H. Halberstadt, Schuylkill; Joseph Swartz, Perry; J. H. Leyda, Washington; S. R. Rutledge, Indiana; G. L. Humphreys, Westmoreland; Rowan Clarke, Blair; G. D. Crandall, Tioga; H. J. Jones, Luzerne; J. F. Dunlap, Lancaster; Isaac Purcell, Montour; James M'Cann, Allegheny.

Delegates to New Jersey Medical Society—L. Turnbull, of Philadelphia; J. F. Treichler, and J. T. Carpenter, of Schuylkill.

Delegates to New York State Medical Society—J. G. Richardson, John H. Packard, Philadelphia; H. L. Orth, Dauphin; A. H. Shaffer, Mifflin; Charles Burr, Luzerne.

Delegates to Ohio State Medical Society—David M'Kinley, Beaver; J. A. Bouse, Clearfield; E. H. Horner, Northumberland.

Delegates to Delaware Medical Society—W. W. Dale, Cumberland; R. J. Levis, Philadelphia; J. M. Gemmell, Blair; R. B. Elderdice, Adams.

Delegates to West Virginia Medical Society—G. W. Burntheisel, Lancaster; E. A. Wood, Allegheny; D. S. Griffith, Bedford.

Delegates to Medical and Chirurgical Faculty of Maryland—C. W. Krise, Cumberland; Charles E. Quail, Schuylkill; J. Montgomery, Franklin; W. C. O'Neil, Adams; W. B. Stoner, Northumberland; G. R. Spratt, Chester; J. E. Bulkeley, Luzerne.

Delegate to Connecticut State Medical Society—A. H. Halberstadt, Schuylkill.

Delegate to Massachusetts State Medical Society—E. Griswold, Mercer.

The Committee fixed the time and place of next meeting at Pittsburg, on the last Wednesday in May, 1878.

The members of the Allegheny Medical Society are authorized to appoint the Committee of Arrangements for 1878.

On motion of Dr. Nebinger, the report was received and approved.

The Censors to remain as last year, except the filling of a few vacancies.

On motion, adjourned to meet at 3 P. M.

AFTERNOON SESSION.

The Society was called to order by the President, at 3 P. M.

Dr. Hugh Hamilton, of Harrisburg, read a paper on the metric system.

On motion, it was referred to the Committee of Publication, with thanks for this illustration.

The President then invited Judge Sterrett to a seat on the platform.

Dr. Benjamin Lee, Philadelphia, read the address on Hygiene.

On motion of Dr. W. L. Atlee, Philadelphia, it was received and referred to the Committee of Publication.

The Permanent Secretary read the following, which was received, and the committee continued:—

The Committee appointed at the session of 1875 to urge upon the State legislature the importance and necessity of creating a State board of health, reported that they have taken occasion, both by letter and by personal interviews with influential members of the Legislature, and by furnishing editorial articles to prominent daily journals, to advance the interests of this important measure. They are glad to

be able to state that, although bills proposed at the last two sessions failed to become a law, that proposed at the last session passed the Senate, and failed to pass the House by a small majority. The Committee take occasion to urge upon the individual members of the Society the necessity of using their personal influence upon those with whom they come in daily contact, in creating a healthy public sentiment in favor of hygienic legislation.

Signed, WILLIAM B. ATKINSON,
H. L. ORTH,
BENJAMIN LEE.

On motion of Dr. Allis, it was agreed that it is deemed advisable to recommend to the county societies that measures be taken looking toward the adoption of the metric system.

On motion of Dr. J. G. Stetler, Pennsylvania, it was

Resolved, That the importance and necessity of a State board of health be submitted to the various county medical societies, for their action, with the request for their early consideration, and if approved the members thereof are hereby earnestly requested to use their influence with the members of the Legislature for the enactment of a law for the above object.

Resolved, That the Censors, where no county medical societies exist, are hereby respectfully requested, if they approve of such law, to urge such legislation upon their respective members of the Legislature.

On motion of Dr. A. Nebinger, of Philadelphia, it was,

Resolved, That a Committee of three be appointed, for the purpose of having the Legislature of Pennsylvania enact a law which shall fully meet the requirements of morality in securing the conviction and punishment of those who practice criminal abortion. Committee, A. Nebinger, Philadelphia; E. A. Wood, Pittsburg; H. L. Orth, Harrisburg.

Dr. S. B. Keiffer, of Carlisle, read the Address in Obstetrics, which was discussed by Drs. Atlee and Nebinger, and referred to the Committee of Publication.

Dr. Allis having offered a resolution relative to the discussion of papers, Dr. Atkinson stated that this matter had been canvassed by several, and that Dr. William Pepper, of Philadelphia, had prepared a resolution on the subject, which he read; this was accepted by Dr. Allis, and was then unanimously adopted, as follows:—

WHEREAS, In view of the brief time at the disposal of the Society for the transaction of scientific business, it seems desirable that some regulation should be adopted in regard to this matter, it is, therefore,

Resolved, That no annual address, save that of the President, shall, in its delivery, exceed thirty minutes. That no voluntary paper shall exceed twenty minutes. That opportunity for debate shall be furnished immediately after the reading of each address or paper. That the time for such debate shall be limited to thirty minutes, unless extended by vote of the Society. That no speaker shall be allowed to speak a second time without the consent of the Society. And that the time allotted to each speaker shall not exceed ten minutes.

On motion of Dr. Stetler, it was

Resolved, That this Society gives its official endorsement to the proposed bill, introduced at the close of the Address on Hygiene, for the creation of a State Board of Health in this Commonwealth.

Resolved, That the Committee on State Board of Health be instructed to present it, through the appropriate committee, to the Legislature, at its next session.

Dr. Lee, Treasurer, presented his report, showing a balance in hand of over $900.

It was referred to auditors, Drs. Riggs, Clark and King. These gentlemen shortly reported the accounts as correct.

Dr. B. Rush Senseny, Chambersburg, made some remarks on vaccino-syphilis.

On motion of Dr. Nebinger, he was requested to present a paper on that subject next year.

On motion of Dr. Benjamin Lee, it was

Resolved, That the Permanent Secretary be instructed to have printed a sufficient number of copies of the form for Registration of Physicians contained in the Report of the Committte on Medical Legislation, and to forward at least two copies of the same to each prothonotary, and two copies for every member of every county medical society, to the respective secretaries of such societies throughout the State.

The President made the following appointments for 1878:—

To make the Address in Medicine, Dr. Henry T. Coffey, Pittsburg.

Address in Obstetrics, Dr. Wm. Goodell, Philadelphia.

Address in Surgery, Dr. Samuel W. Gross, Philadelphia.

Address in Hygiene, Dr. Benjamin Lee, Philadelphia.

Address in Mental Disorders, Dr. Jas. A. Reed, Dixmont.

The Committee of Publication, Dr. W. B. Atkinson Chairman, reported that they had printed 1150 copies of the volume of Transactions for 1876, at an expense of $1295.87. Of this number 1032 were distributed to medical societies, 41 to medical and other journals, and 41 to State boards of health, and other officers.

On motion, the report was accepted and ordered to be entered on the minutes.

On motion, the Society adjourned to meet at 9 A. M. on Friday.

FRIDAY, JUNE 15TH.

The Society was called to order by the President at 9 A. M.

A number of the county societies presented their reports, which were referred to the Committee of Publication, and on motion of Dr. Atkinson, the other societies were allowed three weeks to hand in their reports.

The Permanent Secretary read the report of Dr. C. C. Halsey, as delegate to the New York State Medical Society.

Dr. Stetler then called up the amendments offered last year. The first was unanimously adopted, making a verbal alteration as to the delivery of the address by the President.

The second amendment was withdrawn. Dr. W. L. Atlee, on behalf of Dr. Hiram Corson, who was absent, offered the following:—

WHEREAS, The State Medical Society has taken a deep interest in the welfare of the insane, during the past few years, as is evidenced by the efforts which it has put forth for the founding of asylums; and

Whereas, The inmates of our State hospitals are composed of nearly equal numbers of the two sexes; and

Whereas, We now have many female physicians who are eminent practitioners, and some who have had experience in the medical management of the insane. Therefore

Resolved, That a committee of three persons be appointed by the President of this Society, to report to the meeting to be held in May 1878, on the propriety of having a female assistant superintendent for the female department of every hospital for the insane which is under the control of the State.

This was unanimously adopted. The President appointed as the committee, Drs. Hiram Corson, Andrew Nebinger, R. L. Sibbett.

On motion of Dr. R. Clark, three additional delegates were elected to the American Medical Association—Drs. A. J. Werner, T. W. Shaw and E. S. Riggs.

Dr. Traill Green introduced Mr. A. H. Jones, who made some remarks on the manufacture of quinine in America.

After which, on motion of Dr. Green, the following was adopted unanimously:—

To the Senate and House of Representatives of the Congress of the United States:—

We, the Medical Society of the State of Pennsylvania, respectfully represent the necessity of maintaining the supply of quinine from manufactories established in this country. The purity and excellence of the American quinine have become proverbial, and the whole medical and pharmaceutical community rely with absolute confidence on the product of American manufacturers.

It is of the first importance that this country should maintain its independence in respect to the supply of this indispensable medicine. The health of large numbers of our inhabitants, and the prosperity of whole districts of country, depend upon a large and steadily growing production of American quinine. No legislation should be allowed to lessen it or to make the country dependent on uncertain and unreliable sources in lieu of the present well established domestic manufacture, with its uniform standard of excellence.

Dr. James McCann, Pittsburg, on behalf of Dr. W. R. Hamilton, Pittsburg (absent), read a paper on "a Modification of Syme's Amputation at the Ankle Joint."

On motion it was referred to the Committee of Publication.

Dr. H. L. Lenher, Harrisburg, offered the following amendment to the Constitution:—

In Article III, Section 5, strike out the clause "continues to reside in the county for which he was originally delegated." Add to the Section "Any member of this Society may, by change of residence, transfer his membership to any other regular county society, without prejudice to his standing in this Society."

Bills were presented and ordered paid.

Dr. Lee exhibited an improved wheel crutch.

On motion of Dr. Stetler, the Standing Committee was continued.

On motion of Dr. J. L. Atlee, the President, Dr. R. B. Mowry, was continued in office until the installation of his successor (the President-elect, Dr. Agnew, being absent).

On motion of Dr. Stetler, it was

Resolved, That the thanks of the Society are hereby tendered to the retiring President, for the ability, courtesy, and impartiality with which he presided.

Resolved, That the thanks of the Society be, and are hereby, tendered to His Excellency, Governor John F. Hartranft, for the cordial reception given to the members of this Society last evening.

On motion of Dr. Shaw, thanks were tendered the Dauphin County Medical Society, for their courtesies and the elegant entertainment of Thursday evening.

On motion of Dr. J. L. Atlee, thanks were tendered Dr. George W. Reilly, Harrisburg, for his very handsome entertainment on Wednesday evening.

On motion of Dr. Stetler, thanks were tendered the authorities, for the use of the Capitol.

On motion of Dr. Green, thanks were tendered the Committee of Arrangements, for the excellent manner in which they carried forward the business of this session.

Dr. Mowry having made some retiring remarks, on motion of Dr. Atkinson, the Society adjourned to meet at Pittsburg, on the last Wednesday of June, 1878, at 3 P. M.

The delegates having visited the Insane Hospital, under charge of Dr. John Curwen, and having been most hospitably entertained, at an informal meeting, on motion of Dr. H. L. Hodge, Philadelphia, it was

Resolved, That the Medical Society of Pennsylvania have had a very pleasant visit to the Insane Hospital; that they are highly pleased with its efficient management, and they tender their thanks to Dr. Curwen for the pleasant entertainment, and hope he may long live to carry on his useful and benevolent work.

THE NEW YORK STATE MEDICAL SOCIETY.

The Medical Society of the State of New York convened at Albany, June 19th, and was called to order by Dr. E. R. Squibb, of Brooklyn, President of the Society. There was an

attendance of over one hundred members. The session was opened with prayer by the Right Rev. Bishop Doane.

The President then proceeded to read his opening address, in which he congratulated the members of the Society on its prosperity, and suggested, for its still further advancement, that the presiding officers be selected with the single purpose of getting good active servants of the Society, who would carry out its work with impersonal energy; that the presiding officer should carry out and be responsible for the work of the Society at the meeting over which he presides; that the address which usually occupies the Wednesday evening session be discontinued, or at least the penalty of $25 for failure to deliver it be abolished; that the Secretary's annual salary be increased to $500, or that the editorship of the Transactions be separated from the duties of the Secretary, and given to an editor; that each volume of the Transactions hereafter should have a copious index; that a list of delegates by counties, with the time of election and expiration of service, should precede the list of permanent members, and be kept up with official accuracy, so that the true character and construction of this body as a society of delegates should be more prominent; and that the Treasurer should receive compensation for the time and labor required of him by the society.

The President further says that he has during the year signed a petition to the Legislature for the passage of an act to provide for the sanitary inspection and supervision of common schools and school buildings in New York city. Dr. Frank H. Hamilton, of New York, had been appointed to the vacancy in the delegation to the American Medical Convention.

Dr. R. W. Pease, of Syracuse, read a paper, on the Recent Improved Methods of Diagnosis and Treatment in Urethral Surgery, with tabulated statement of results in forty-five cases.

Dr. J. Kneeland, of South Onondaga, read a paper, entitled "Two Cases of Sudden Death—Coroner's Inquests." Accepted and referred to the Publishing Committee.

The chairman of the Business Committee read, by title, a paper, entitled "An Obituary Notice of James Thorn, M. D.," by R. H. Ward, M. D., of Troy.

Dr. A. Van Derveer, of Albany, read a paper, entitled "Operation for Closure of Cleft of Hard Palate," with report of cases. The paper was discussed by Dr. Goodwilly, of New York, who presented a wax cast of a subject on which he had operated, and gave an illustration of the manner in which the operation was performed, exhibiting the instruments used.

Dr. William C. Wey, of Elmira, read a paper, entitled "Sanitary Inspection in Schools."

The Business Committee reported a paper, entitled "Hydrophobia; Rabies Canina," by John W. Greene, M. D., of New York. The President read a letter from Dr. Greene, stating that he was unable to prepare the paper, on account of professional engagements.

Dr. Wey moved that Dr. Greene be requested to complete his paper within thirty days, and that it be referred to the Committee on Publication, with power. Carried.

Dr. Greene has paid considerable attention to this subject, and is thoroughly posted thereon. He is recognized by the profession as an authority on hydrophobia, and his paper will doubtless be a very valuable one.

Dr. H. T. Hanks, of New York, read a paper, entitled "The Forcible and Rapid Dilatation of the Cervical Canal, for the Cure of Anteflexion." Referred to the Committee on Publication.

Dr. John Ball, of Brooklyn, read a paper, on "Forcible and Rapid Dilatation," etc.

Dr. S. L. Parmalee, of Watertown, read a paper, entitled, "Punctured Wound of Lung, Diaphragm and Liver, with Recovery," which gave rise to some discussion as to whether the liver was punctured or not.

Dr. Joshua B. Graves, of Corning, read a paper, entitled, "Report of a Case of Fracture of the Base of the Skull; with Recovery."

SECOND DAY.

On the following day the question of changing the date of holding the annual meeting came up, and gave rise to an extended discussion.

A motion to hold the annual meeting on the third Tuesday of January was finally adopted.

This question disposed of, the reading of papers was next in order, when Dr. Julius F. Miner, of Buffalo, read one, on "The Feasibility of Removing the Thyroid Gland in some Cases of Disease," with an illustrative case.

Dr. Austin Flint, of New York, followed with one, on "Pneumonic Fever Grounds for Considering Acute Pneumonia an Essential Fever, and not Purely a Local Inflammation."

Dr. Mary Putnam Jacobi presented "Two Cases of Convulsive Disorder without Convulsions." All the papers were discussed at some length."

The subject of establishing a committee to determine the qualifications of students in medical colleges, when about to enter the profession, the services to be tendered to such colleges as may desire them, did not come up, owing to the absence of Dr. E. M. Moore, of Rochester, chairman of the special committee which was to report on the matter.

Dr. Edward H. Parker, of Poughkeepsie, read a paper, entitled "Heredity as a Factor in Pauperism and Crime." The paper was a practical statement of the "Tramp Nuisance," giving statistics, etc.

Dr. J. W. S. Gouley, of New York, read a paper, entitled "Stone in the Bladder."

Dr. George Bayles, of New York, read a paper, entitled "Nitrite of Amyl in Pertussis."

Dr. C. H. Giberson, of Brooklyn, read a paper, entitled "The Cold Bath in Scarlatina"—clinical notes.

The paper was discussed by Mrs. Dr. Jacobi, and Dr. Kneeland.

Dr. Alexander Hutchins, of Brooklyn, read a

paper, on "Jaborandi," which was referred to the Publication Committee.

Dr. A. N. Bell, of Brooklyn, Chairman of the Committee on Hygiene, read an abstract of the report of the committee, and it was referred to the Committee on Publication.

Dr. Norman L. Snow, of Albany, read a paper, entitled "Pseudo-Membranous Laryngitis—Tracheotomy—Relapse and Recovery." The paper was discussed by Dr. Goodwilly, of New York.

President Squibb read a paper, entitled "Tar Fumigations in Gangrenous Sores;" written by Lewis Post, M. D., of Lodi, an honorary member of the Society. The paper was accompanied by a letter from Dr. Post, giving the history of a disease with which he is afflicted, supposed to have arisen from the sores of the case reported.

Dr. C. G. Pomeroy, of Newark, N. Y., read a paper, on "Hydrochlorate of Ammonia—Ammoniæ Murias," which was referred to the Publication Committee.

Dr. Henry G. Piffard, of New York, read a paper, entitled "Certain Points Relating to the Nature and Treatment of Lupus." Referred to the Publication Committee.

Dr. Ira F. Hart's paper, on "Hereditary Transmission of Disease," was read by title, and referred to the Committee on Publication.

THIRD DAY.

The following officers were elected:—President, Dr. J. Foster Jenkins, Yonkers; Vice-President, Dr. Augustus L. Saunders, Brookfield, Madison county; Secretary, Dr. William Manlius Smith, Manlius, Onondaga county; Treasurer, Dr. C. H. Porter, Albany.

The Committee on Prize Essays reported by telegraph, in relation to the Merritt H. Cash fund, as follows: "No essays, no funds no awards."

About one-half of the permanent members of the society, and several of the county medical societies, have not paid their dues, which accounts for the present condition of the treasury.

Dr. Hiram Corliss, of Washington county, the oldest physician in this State, bade the society an affectionate, and as he thought probable, a last farewell, as he does not expect to be able to meet in regular session again. He gave some advice to the members, and complimented President Squibbs for his able administration, which has been marked with great executive ability.

After reading several other papers the society adjourned to meet the third Tuesday in January, 1878.

Editorial Department.

Periscope.

Quinine and Carbolic Acid.

At a late meeting of the Atlanta Academy of Medicine, Dr. Todd said that he had occasion recently to prescribe quinine for bronchitis. The patient took, in three hours, five grains, when he was summoned. He found him broken out, from head to foot, with urticaria, hoarse, and nauseated. The urticaria was causing intense pain and itching; so much so that rest in same position for any length of time was impossible. It required several large doses of morphia, and eight or ten hours elapsed before he was relieved. The patient told him quinine had produced the same effects once before on him, since he lived in Atlanta, but that in South Georgia, where he had chills, it produced no such symptoms. The mother of the patient, a very intelligent lady, says it affects her in a similar manner.

Dr. W. F. Westmoreland had seen the same results from one and a half grains quinine and a quarter grain ex. nux vomica, as a tonic.

Dr. Taliaferro had seen two cases where quinine was always followed by urticaria. In one case it produced the rash on several different occasions. There was in the other a genuine shedding of the cuticle during convalescence.

Dr. Todd, speaking of carbolic acid, before the same Society, said, according to Dr. Bell, of the army, who has written the most elaborate and sensible article on carbolic acid he had read, one of its greatest virtues was its power of diminishing the pain in cancer, administered internally. In two of his cases he had tested this alleged virtue with complete satisfaction. It is, locally, anæsthetic, and will obtund sensibility to such an extent that boils might be opened, and the amputation of the fingers and toes may be done without pain, after a concentrated solution has been applied.

Cerebral Hemorrhage in Kidney Disease.

Dr. George Johnson, of London, says, in a recent Lumleian lecture:—

Among the accidental injuries which result from the high arterial tension associated with renal disease, one of the most frequent and most serious, is the occurrence of *rupture of one or more intracranial arteries*, and consequent hemorrhage into the substance or on the surface of the brain. It has been a debated question with some writers on cerebral hemor-

rhage, whether the occurrence of that accident is favored by hypertrophy of the left ventricle. When hypertrophy of the heart is a result of disease of the aortic valves, or of degeneration with impaired elasticity of the walls of the large arteries, it is generally no more than sufficient to overcome the impediment thus offered to the circulation. The strength of the left ventricle, therefore, in such cases is not a true measure of the force with which the blood is sent into the distal arteries. On the contrary, it is a measure of the difficulty with which the blood is transmitted through the primary branches, and, therefore, through the entire system of arteries. When hypertrophy, thus originating, is associated, as it sometimes is, with cerebral hemorrhage, the reason is that the hypertrophy and the hemorrhage are joint results of one common cause, namely, degeneration pervading more or less extensively the arterial tree. The hypertrophy of the left ventricle is a consequence of degeneration of the aorta and its primary branches. The cerebral hemorrhage is a consequence of a similar degeneration of the arteries of the brain.

The state of the circulation is very different when the left ventricle has become hypertrophied, in consequence of the impediment resulting from contraction of the hypertrophied muscular arterioles in connection with degeneration of the kidney. In this state of things, while the arterial stopcocks are resisting the passage of the morbid blood, the strong left ventricle is forcibly driving it onward. There is thus an excessive strain upon the whole length of the arterial pipes, between the stopcocks and the cardiac forcing-pump. One of the bits of arterial tubing being overstretched, becomes brittle, and breaks; then the powerful ventricle forces the blood through the ruptured artery into the yielding tissue of the brain, and a rapidly fatal sanguineous apoplexy is the result. It is a well known fact that some of the most formidable cases of cerebral hemorrhage are those which are associated with granular contraction of the kidney.

Method of Dressing Wounds.

The London *Medical Record* says that Dr. Dumreicher had adopted a plan which favored healing by the first intention within a short time. The incisions were made in such a manner as to best favor the apposition of the edges of the wound. The bleeding vessels were tied with catgut, in order to avoid suppuration. To induce sufficient exudation for the firm union of the edges of the wound, these were washed with a solution of chloride of zinc (four to eight per cent.), and the wound was not closed until all bleeding had ceased. Drainage tubes were used, to remove secretions from cavities. In order to prevent the dressings from adhering, tissue-paper dipped in wax was applied over the surface of the wound; and apposition was maintained by means of cotton-wool, jute, strips of adhesive plaster, etc. Dr. von Dumreicher had used this plan in twenty-four operations, viz., six cases of removal of the breast, two cases of lipoma, two of caries, three of incarcerated inguinal hernia, one of periostitis with necrosis, two of ganglion, three of hydrocele, one each of cold abscess and inflammation of the breast, and three of amputation. The result was astonishingly favorable. Two of the amputation cases died of pyæmia.

On Aphonic Pectoriloquy.

Dr. Hermet, in his *Thèse de Paris*, has studied the new indication, given first by Baccelli, then by Gueneau de Mussy, for the diagnosis of the nature of pleural effusions, and has proved its presence in pulmonary affections. The *resumé* of this memoir is as follows: Aphonic pectoriloquy is the clear distinction of the voice, when the patient auscultated speaks in a low voice. It exists in all the pulmonary affections associated with induration; induration is the condition *sine quâ non* of its production. Thus we hear it in the first stage of pulmonary phthisis, in the second stage of pneumonia, if, in the latter case, the *souffle* persist. It is also heard in the excavation stage of pulmonary phthisis, but with a peculiar sound. In the first stage of phthisis, when it can only be suspected by antecedents and certain functional troubles, aphonic pectoriloquy may possess a real diagnostic value. It is also heard in pleural effusions, and in pneumothorax. Compression of the pulmonary tissue by effusion, in the case of pleurisy, and by air, or the liquid, or both together, in the case of pneumothorax, may, perhaps, explain the mechanism of its production. Finally, as MM. Baccelli and Gueneau de Mussy have proved, it helps in making the diagnosis of the nature of pleural effusions; when aphonic pectoriloquy exists, the effusion is serous; where it is wanting, the effusion is purulent.

The Continued Bath as a Therapeutic Measure.

At a meeting of the Surgical Society of Ireland, Mr. Stokes said, some years ago, he drew attention to the value of the continual bath in certain cases of injury as well as surgical disease, and he devised a mode of keeping up an equable temperature in the bath, but he found great difficulty in carrying out that treatment, owing to the strongest objection being manifested on the part of the patients to the method. But he was aware, and from his own experience he was satisfied of the great utility of it, and also from having observed in the *Clinique* of Professor Hebra, of Vienna, the use of the continual bath, especially in cases of psoriasis. The advantage he had seen only in cases where the bath had been applied for a great length of time, a length of time that would seem almost incredible. He had known cases in which the patient was kept day and night in a warm bath for six weeks. He was very

doubtful whether that was generally practicable. When he had tried it himself, he had failed to induce patients to continue it sufficiently long. In another class of cases—recent burns—he had found the greatest benefit. As professor Mapother had alluded to the treatment of ulcers after burns, in that condition Mr. Stokes had observed the use of the continual bath, but only in cases where the burn had been recent, just after the accident had occurred, and great advantage was derived. According to Hebra, the bath had a wonderful power in diminishing pain. He (Professor Hebra) believed that pain had much to say to the fatal issue of these cases, and the diminution of such a result by the use of the bath was most marked; and that he (Mr. Stokes) could certainly indorse.

On the Use of Podophyllin in Hemorrhoids.

Dr. Rivière, in the *Gazette des Hôpitaux*, December 16th, states that he has had fifteen cases which were most conclusive as to the value of podophyllin in hemorrhoids. Among the constipated patients, for whom he prescribed podophyllin, many suffered from hemorrhoids, which he attributed to permanent constipation; that is to say, to the congestion which was its natural consequence. Subject himself to hemorrhoids, though not habitually constipated, Dr. Rivière tried the podophyllin on himself, and found immediate relief. The hemorrhoids again made their appearance, but were removed by the same means. He has since frequently employed the same method of treatment, and always with equal success, giving one or two podophyllin pills of one-fifth of a grain each, so as merely to soften the fecal mass. Encouraged by this success, Dr. Rivière tried podophyllin for chronic hemorrhoids likely to necessitate operation. In these cases also he obtained immediate relief, and a cessation of all the usual distressing symptoms of this affection. The only drawback was the necessity for the daily administration of podophyllin. In some instances, however, the patients were able to leave off the use of the medicine for a long time. Some even were entirely cured.

The Salicylates in Acute Rheumatism.

Dr. Sawyer, of the Queen's Hospital, Birmingham, relates in the *Lancet* three successful cases, on which he observes:—

Than acute rheumatism few diseases have been met by a greater diversity of remedies, and in none ought we to be more cautious in drawing therapeutic inferences. During the last nine or ten years, and until a few months ago, I have treated some hundreds of cases of acute rheumatism in the following manner:—The patient has been laid in bed, between blankets, the affected joints have been swathed in cotton wadding, and fifteen or twenty grains of bicarbonate of potash have been given every four or six hours. Inflammatory cardiac complications have determined the application of a fly blister, or a few leeches, over the heart; a dose of Dover's powder has been administered in the evening, when there has been sleeplessness. The three patients whose cases are here recorded as decided but mild examples of acute rheumatism, were admitted into the hospital upon the same day, and to each the salicylate of soda was regularly given. In the first case the temperature became normal upon the seventh day, the ninth day of the disease, and remained at a healthy range until the patient's discharge at the end of twenty days; in three days all pain ceased, and there was no return of it. In the second case the temperature fell to the range of health upon the seventh day, the ninth day of the malady, and remained normal for twelve days more, when the patient was discharged; on the third day all pains in the joints ceased, and they did not return. In the third case the temperature became natural upon the fifth day, the seventh day of the disease, and it did not subsequently leave the normal range; on the fifth day pain disappeared, and did not afterward return. In two of the cases there was a limited and transient pericarditis. All the three cases coincided in their rapidly favorable course, and it is not improbable that the use of the salicylate of soda was one of the causes of such satisfactory result. It is only when a very large number of cases shall have been observed that we can reasonably conclude whether the salicylates are or are not to be regarded as empirical remedies for acute rheumatism. My own limited employment of these drugs has given results which lead me to regard the salicylates as likely to attain a permanent place in the therapeutics of rheumatic affections.

Bell's Method of "Visible Speech."

This method of instructing deaf mutes is not favorably received in England. Dr. E. Symes Thompson says of it, in the *Medical Times and Gazette*:—It has been found necessary to relinquish the system in teaching the deaf, as it introduces an element of complexity where simplicity is essential. The point the oral teacher aims at is to enable the pupil to read words from the lips, and to imitate them. It is found that if the attention is divided between the lips and signs, no progress is made with lip-reading. Again, if the alphabet is taught as a necessary preliminary to the use of words, the same needless difficulty is introduced. Still more is this found to be the case if the pupil is obliged to learn a new alphabet (the visible speech letters), and has to translate every word into the new language before he can understand it and give it utterance. Much use is wisely made of the visible speech characters in teaching adults to overcome defective pronunciation—for instance, in the case of persons recently operated upon for "cleft palate." But, after earnest and patient trial in

a school under my observation, I am satisfied that it introduced needless difficulty, and that the "German system" of articulation and lip-reading, which allows no signs, no manual alphabet, and no alphabet at all, at first, is really far better suited for the deaf than the clever method of Mr. Graham Bell.

Copper in Canned Peas.

The *British Medical Journal* says:—

It is satisfactory to find that the poisoning of peas and other green vegetables used as articles of food has been made the subject of a formal report by M. Pasteur. The Council of Hygiene and Health have remitted the investigation to this eminent French chemist. He was required to state, irrespectively of all trade views or commercial profits, whether these substances were or were not colored with any compound injurious to health. He examined fourteen tins of preserved peas, purchased indiscriminately of dealers in the best quarters of Paris, and he found in ten of them copper, in some instances in considerable proportion. The sole object of this adulteration was to give to the preserved the green tint of natural peas. It seems that peas in drying always acquire a yellowish tint, which renders them unsalable. The addition of copper-salts, or the use of copper vessels in preserving them, removes this commercial defect, and, according to some evidence which we have heard recently in England, it gives to the peas tonic and other medicinal properties beneficial to those who eat them! M. Pasteur found the copper deposited, in an insoluble form, in the solid tissue of the peas, below the external coat. In some of the tins, the copper amounted to about the thousandth part of the entire weight of the food. The liquid in which they were immersed also contained copper, but in smaller proportion. M. Pasteur states that green French beans, asparagus, and artichokes, in fact, all green provisions used as food out of season, *i. e.*, during the winter, owe their attractive green color to the same mineral.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"A Chart of Skin Diseases." By J. V. Shoemaker, A.M., M.D. In this chart, which gives the arrangement of diseases of the skin as taught by the author at the Philadelphia School of Anatomy, a condensed definition of each affection accompanies the technical term. The primary and secondary alterations of the skin are given, followed by a classification, of a simple and practical character, which has been carefully made up from the systems now in use, but contains some new features of interest.

BOOK NOTICES.

The Relations of Ancient Medicine to Gynecology. By Edward W. Jenks, M.D. A reprint from the Detroit *Medical Journal*, May, 1877.

This is a most interesting historical paper, and it is quite impossible to do it justice in the limited space we can allow for its notice. While we may "glory in the wonderful achievements and scholarly attainments of the medical men of our own generation," Dr. Jenks plainly shows us that we have good reasons for not forgetting the fathers, "who laid broad and deep the foundation" of medicine. We find, however, in ancient gynecology, "many strange and curious theories, absurdities mixed with common sense, and improbabilities with rational treatment, and many suggestive and valuable thoughts." The author thus places before the reader a few of these. The speculum can be traced, by a connected history, from Ætius down to the present day. Ætius studied and lived in Alexandria, and spent his lifetime condensing and compiling all that was known of medical literature up to the period in which he lived. It is said his work is the most valuable existing book on ancient medicine.

Paulus refers to pessaries. Hippocrates wrote on sterility. "There is in Paulus an interesting chapter on difficult labor." There are good reasons for believing that the Arabians were acquainted with the forceps. The early Greeks and Romans, as far as their writings are concerned, were unacquainted with their use, although the instruments were found in the ruins of Pompeii. The forceps may have been kept a family secret, even as they were in recent years, by the Chambelains.

To any one at all interested in the history of medicine, this paper will well repay careful perusal.

Case of a Bearded Woman, by Louis A. Duhring, M. D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania. A reprint from the *Archives of Dermatology.*

The first page contains a portrait of this remarkable case. "At the age of three years hair was present over the sides of the cheeks, after the manner of whiskers, a slight, flaxen lanugo," and this continued to increase in quantity and length from year to year. At ten

years of age the hair began to grow vigorously, and at this time hair on the upper lip first manifested itself in a notable manner. The other features of the female sex are normal. She has had two children—a boy and a girl; they show no signs of the mother's deformity. A careful description of her present condition is given. The family history reveals no unusual growth of hair. In summing up some especial points, the author says:—"The hair of the face was a congenital condition, a certain amount of lanugo having been present at birth; and this explains, in a measure, some of the peculiarities of the case. Had the hair of the face been an acquired growth, appearing at puberty and depending upon sexual development, there would have been, no doubt, other decided masculine characters present. The increase of the hair of the scalp, axilla and pubes is also an occurrence worthy of remark. These regions were manifestly not under the same influence as that which regulated the growth of hair elsewhere. The most interesting feature is the complete absence of all signs of masculinity, either in physical structure or disposition. It is common to observe, in congenital hirsutes, that there is more or less irregularity of teeth; in this case the teeth were unusually regular. There is no reason to suppose that any hermaphroditic element exists in the constitution of the case. Menstruation was established at fourteen, and has occurred with regularity. It is concluded that all that can be done for the patient is palliative—the daily use of razor, or employment of depilatory powder. In this case, considering the extensive surface to be operated on, he would favor the use of the razor."

Transactions of the American Gynecological Society. Volume I. For the year 1876. Boston, H. O. Houghton & Co., 1877. Cloth, pp. 396. Price $5. For sale by Claxton, Remsen & Haffelfinger.

This volume, gotten up with unwonted luxe of paper, in the best typographical style of the Riverside Press, is a marked contrast with the *Transactions* of societies of the olden time. The matter is not unworthy of the form. We are presented with a series of essays, nearly every one of which is a carefully finished study of some part of gynecological science, by a writer whose name is a guarantee for his work. Thus, we have from Dr. T. Gaillard Thomas an eminently instructive paper on laparotomy in abdominal pregnancy, showing that this operation may bring this terrible accident to a successful issue. Dr. Byford, of Chicago, describes the spontaneous and artificial destruction and expulsion of fibrous tumors of the uterus, illustrating that we can initiate their spontaneous expulsion by the proper use of ergot in certain cases. The eminent Dr. Robert Barnes, of London, has a thoughtful and extremely well written essay on the relations of pregnancy to general pathology, suggestive, however, rather than conclusive in its teachings. Dr. Robert Battey, of Georgia, whose name is associated with "normal ovariotomy," contributes on this topic a quite complete article, showing when it is legitimate operation and when not. Dr. Thomas Addis Emmet has a study of uterine flexures, in regard to their etiology and treatment. It bristles with statistical matter, and brings into prominence the use of the cutting instrument in aiding in restoring the uterus to its correct position. The historical and didactic study of pneumatic self-replacement in dislocation of the gravid and non-gravid uterus, by Dr. Henry F. Campbell, of Georgia, is an admirable exposition of the subject. The genital lesions of childbirth is the topic of a brief but condensed paper by Dr. William Goodell, while Dr. J. Matthews Duncan, of Edinburg, has one upon central rupture of the perineum.

Besides these, there are a number of noteworthy shorter articles: on Cicatrices of the Cervix Uteri and Vagina, by Dr. A. C. Skene; on the Uses of the Viburnum Prunifolium in Diseases of Women, by Dr. E. W. Jenks; Xenomenia, by Dr. T. Parvin; on Hydrate of Chloral in Obstetric Practice, by Dr. W. L. Richardson; on Latent Gonorrhœa, by Dr. E. Noeggerath; on Labor Complicated with Uterine Fibroids and Placenta Prævia, by Dr. J. E. Chadwick; on Death from Urinæmia in Malignant Diseases of the Uterus, by Dr. A. Wiltshire; on Hermaphroditism, by Mr. Lawson Tait; Cases of Cystic Tumor, by Dr. G. H. Bixby; a Case of Uterus Bipartitus, by Dr. E. R. Peaslee; Calculi in the Bladder after Vesico-Vaginal Fistula, by Dr. H. F. Campbell; Umbilical Hernia in the Fœtus, by Dr. J. R. Chadwick; and a sketch of the life of Dr. G. Simon, with a portrait, by Dr. P. F. Munde. The opening address is by Dr. Fordyce Barker.

THE

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D. G. BRINTON, M.D., EDITOR.

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ADVERTISING BY PHYSICIANS.

The action of the Nebraska State Medical Society in supporting and countenancing a firm of physicians who advertised themselves largely by the secular papers, and by circulars, as surgical specialists, leads to the belief that there are physicians who honestly can see no objection to one of the profession pursuing this course. The ordinary newspaper editor, of course, rejoices in seeing bodies of physicians won over to approving this course, because it brings grist to his mill. Quack doctors are famous advertisers, and if doctors who are not quacks could be induced to advertise they would largely increase his revenue.

We have been asked, in all seriousness, why should a physician be prohibited from advertising himself? The answer chiefly is, that it cannot be done without deceiving. The public cannot judge of the merits of a physician except by gradual observation of his handling of cases. If learned and skillful, he will surely ultimately gain the confidence of the community, while another may have all the titles that he has, all the diplomas and certificates, yet be ignorant and careless. The former could frame no advertisement that the latter could not equal; therefore, the best men in the profession would be beaten in that game by the worst, and the public be duped, and suffer.

The regular medical profession stand now before the community, saying: You can know us only by our fruits. He who tells you his wonderful cures, and boasts of his great skill, is a man who does not wish to be judged by his fruits, but by his words; beware of him, he is deceiving you.

This invaluable shield would be thrown away were professional vigilance at all relaxed on this subject.

Moreover, in advertising, notoriously the longest purse wins; and if there were no other objection, this alone should deter every honest member of a learned profession from aiding the victory of money over merit.

But specialists say they ought to be exempt from these rules. Their reasons are various. But the same doctrine applies. It is proper enough for them to make known to the profession that they practice a specialty. It is not amiss in districts where professional men are accustomed to have cards in the newspapers, for the specialist to have his card, stating his specialty. But praises of his skill, lists of cures, pictures of his cases, details about his education and apparatus, should not be allowed; still less the distribution of circulars in non-medical hands.

Wherever high professional education prevails, there the attempts at advertising to the public are inconspicuous. Even with the aid of this potent arm, ignorance cannot overcome knowledge. When all is done, it is not the able and skillful physician who suffers, nor need he fear the result; but it is the uneducated public, the poor mechanic, caught by the bait of "cure guaranteed;" the hopeless consump-

tive, the hysterical woman, the sufferer from cancer, who are plundered and robbed by these deceptive advertisements. For *their* sake, let us have done with them.

Notes and Comments.

Ingrowing Toe Nail.

Dr. C. G. Clarke, formerly of Indiana, writes us:—When practicing medicine in Indiana, some time since, I found a practice in vogue among those of the country people who were troubled with the "ingrowing" of the edges of the toe nail, which I give for the benefit of your readers who may not already be acquainted with the plan. It consisted, simply, in scraping, with the point of a sharp knife, a longitudinal line along the middle of the whole nail, and almost to the "quick." By this means, when the boot pressed on the nail, the latter would "give" in the centre, and thus tend rather to lift the edges of the nail than to press them into the toe. I have tried this plan in my own case with the happiest results; and as I do not remember ever having seen it mentioned in print, I give it for what it may be worth.

Drainage by Catgut Threads.

Mr. Heath, of Manchester, has of late employed a form of drainage introduced into practice by Mr. Chiene, of Edinburgh. Several threads of catgut are tied together in a bundle and placed across the incision wound; the ends are brought out at the most convenient points for drainage, and the edges of the wound adjusted by catgut or wire sutures in the usual manner. In five or six days slight traction on the ends of the catgut skein will remove it in two pieces, and it will be found that the threads have been dissolved in the wound. In amputation of the breast, one end of the catgut drain-threads is brought out at the inner angle of the wound, and the other through a separate opening in the most dependent part of the lower flap.

Valerian in Diabetes Insipidus.

Trousseau, we believe, first urged this remedy. The following illustrative case is given in the *British Medical Journal* for May:—

A healthy looking man, aged fifty-three, complaining of thirst and debility, had been under treatment since February; he then weighed twelve stone, twelve pounds, and was passing eight pints and a half of urine, of specific gravity 1008 (average). He had noticed loss of flesh for eighteen months, having lost two stone weight by Christmas last, at which time thirst became a prominent symptom. No determining cause was apparent; his previous health had been good. No lung change was perceptible. He had not been able to discover any change in symptoms to be dependent on diet, but found that beer made him worse; he takes sherry and water. He has been continuously treated with extract of valerian only, in increasing doses of four, eight, twelve and fifteen grains three times a day, and is now taking forty-five grains daily. At present, the amount of urine is five pints daily, of specific gravity 1012; no albumen, no sugar. He weighs thirteen stone, and is improved in his general health.

Salicin in Intermittent.

As we have before remarked, salicin was much used instead of quinine by the Confederate surgeons. A writer in the *British Medical Journal* quotes earlier authorities. Sobernheim, in 1844, writes:—

"Lately, salicin has been largely employed in the treatment of ague. Blom, especially, speaks much of it (*Medical Observations and Contributions on Salicin*, translated from the Dutch by Salamon; Potsdam, 1835). Blom gave it with advantage in five cases of ague, in doses of one grain every hour; in three cases of chronic diarrhœa, etc. It has this advantage over quinine, that it does not interfere with digestion, and causes no congestion to the head, and is, therefore, well adapted to persons of a plethoric constitution and of dyspeptic habit. Krombholz tried salicin in ague and intermittent facial neuralgia (*Medical Annual for the Austrian States*, 1834, vol. vi). Salicin, combined with an acid, acts more powerfully, for instance, in pills with citric or tartaric acid, or as a drink with diluted sulphuric acid (*Gazette Médicale*, January, 1833). . . . It may here be observed, that as a substitute for quinine it is very dear, and also that it requires a much larger dose to quell the fever. Dose—salicin, grains six, three or four times a day in ague (Bally); or also grains five, six or eight every half hour in the apyrexia, shortly before the attack."

Guarana in Migraine.

A correspondent writes to the *British Medical Journal*:—Having used guarana in a great many cases, I have come to the following conclusions:—

1. True migraine, characterized by acute frontal pain, commencing on one side, occasionally both, or going from one side to the other, usually lasting from twenty-four to forty-eight hours, with or without sickness, and relieved or cured by sleep, whether caused by errors in diet or not, will almost invariably yield to it.

2. In young persons, in whom the habit is only commencing, not only does it cure each individual attack, but, by persevering, the habit itself is broken.

3. One cause of failure is the smallness of dose, so that, in many cases in which it has been tried before and failed, an increase of the dose has been followed by cure. Twenty-five grains of the powder is my usual dose for an adult female, half a drachm for a man; less, of course, for younger cases, repeating in one or two hours, if necessary.

Poisoning by Sulphate of Copper.

MM. Feltz and Ritter read a note recently, on acute poisoning by sulphate of copper. The result of their experiments was that the action of sulphate of copper is not fatal; death only supervenes when the vomiting is not rapid and energetic, and in these cases the doses must be so powerful that no one would swallow them of his own accord.

Personal Disinfection of Physicians.

Dr. Seaton, medical officer of Health, remarks, in a late lecture:—There are many occasions where the clothes of the medical attendant require disinfection, as, for instance, after visiting a group of small-pox or scarlet fever patients. Where the practitioner has been unfortunate enough to have a patient with puerperal fever under his care, the linen requires to be boiled, and the other things baked, before being worn again at a labor. But it is to the hands that he must pay special attention, and it is here that the disinfecting properties of chlorine are particularly useful. The hands should be well soaked three or four times daily, in the chlorinated soda (P.B.). If this is done for a week, baths used at the same time frequently, and the clothes disinfected, practice may be resumed without danger. Length of absence will not compensate for a neglect of these precautions, as the practitioner may communicate the disease after many months.

Salicylic Acid in Rheumatic Fever.

The *British Medical Journal* says that Dr. Southey, of St. Bartholomew's, frequently uses salicylic acid after the first week of the fever, giving ten-grain doses dissolved in liquor ammoniæ acetatis every two hours, to twelve doses, and then every four hours, or according to the symptomatic indications, but producing slight physiological effects, as noises in the head, etc. Dr. Southey is of opinion that this mode of treatment reduces the temperature, lessens arthritis, and renders the patient less sensitive to the pain; not, however, preventing endocarditis or other complications. In pericarditis, it was pointed out that an amount of effusion, not causing perceptible increase of præcordial dullness, may almost always be detected by an increase in the rapidity of respiration.

The Apollinaris and the Hunjadi Yanos Waters.

These are two mineral waters recently introduced into this country, for which we predict a very wide popularity.

The Apollinaris is bottled near Neuenahr, Germany, and is an acidulated soda water, highly charged with native carbonic acid. As a table water it is delightful, while medicinally it comes to us with the very highest commendations of its value in dyspepsia, torpid liver, the rheumatic and gouty diathesis, catarrhal complaints, and the like.

The Hunjadi Yanos is a Hungarian aperient water, of really remarkable therapeutic richness—beyond any other we know. It is twice or three times the strength of Frederichshall or Pullna, and is not so abominably nasty as these; in fact, has rather an agreeable bitter flavor. As a mild and safe evacuant it is ahead of all yet known, and has been so pronounced by the very highest authorities. Having long preferred to make use of the natural mineral waters, to all other forms of antacids and laxatives, we welcome these two as very valuable additions to our therapeutic resources, and commend them as such to our readers.

Correspondence.

The Association of Officers of Institutions for the Care of the Idiotic and Feeble-minded.

Ed. Med. and Surg. Reporter:—

The Association whose long title heads this letter met this year at Columbus, Ohio. The session was characterized by much harmony, and the advantages of such a reunion were manifested in the able papers read and the interesting interchange of views. The next place of meeting decided on was at Syracuse, New York. Dr. Wilbur, of that city, was elected President. Dr. Doren of Ohio, Vice-President, Dr. Kerlin of Pennsylvania, Secretary and Treasurer.

Of the essays presented, that by Dr. George Brown, of Massachusetts, has, perhaps, the most general interest. It was upon heredity and the prevention of idiocy. He stated that among the agencies at work in our day to effect the race toward deterioration, may be mentioned the large movements of population, from country and rural life toward the towns and cities—from out-door exercises, or laborious mechanical pursuits to lighter kinds of business, and increased exercise of the brain, the excitement and competition of society and of business; and the effects of resort to narcotics and stimulants of alcohol and tobacco, so common and increasing. Then, too, the changes and agencies that threaten the security and permanency of the family relation in marriage, as the foundation of human society, should be carefully studied. Whatever influence tends to change or violate any of the laws governing the functions of the body, especially as it affects maternity, should be most carefully considered.

On the question of constancy of traits, the Doctor says:—We often observe children who have not only the general form and appearance of their parents, and their mental and moral constitutions, but even their acquired habits. Only by diversity and a careful crossing of blood and natures in marriage can generations eliminate taints descended from their ancestry. While health or disease in a parent does not necessarily produce the same condition in a child, vices, habitual or acquired, rarely fail to leave their imprint, so that heritage has more power over the whole character, moral and physical, than all other influences. Many who have given the subject close study regard heritage the sole couse of insanity and cognate diseases. To inherited tendencies are attributed the evil effects experienced by some individuals from exposure to unhealthful influences that the majority of persons might resist without serious consequences.

We have a counter-fact for our encouragement, that "there is, on the whole, a power in nature tending back to a purer type, which reduces perversions to the physiological limits of health." In spite of want and squalor existing for a few generations, health is for the great cycle of ages, and crossings in parentage eliminate finally the ill and deteriorated tendency.

It is from this great law of tendency toward the original type of mankind, as in all the animal creation, that individuals avoid the results of unhealthful parentage, and that a moral, upright life may follow a degraded one.

Genius hardly ever transmits genius, but more often a character is vitiated in a greater or less degree, and the line of a genius may end in the asylums for the dependent classes.

I believe the pathological conditions of tissue in the parentage, intensified by the marriage of similar tendencies on both sides, the cause and explanation of idiocy. We say that anything that enervates or shocks the nervous system of the parent affects the offspring directly, but known causes of this kind will explain but a few of the cases of congenital idiocy. Not talents—intellect of the best order on both sides, true religious sentiment, integrity of character—as all history bristles with illustrations, insures exemption from unfortunate children.

Dr. Kerlin presented a very thoughtful essay "On the Organization of Establishments for the Idiotic and Imbecile Classes," which will command the earnest attention both of specialists in that branch, and of philanthropic legislators.

Yours, Essex.

News and Miscellany.

Town and Country Life.

The last report of the commissioners of lunacy for Scotland contains the following:—

It appears that the higher mortality characteristic of town populations manifests itself in a special manner when we look at the statistics of all nervous diseases, but still more remarkably in regard to delirium tremens and general paralysis. This comes out still more distinctly, if we consider the number of deaths in the towns from these several causes, proportionate to 100 deaths from each cause in the insular and mainland-rural districts. Calculated in this way, we find that for every 100 deaths from all causes, in the rest of the country, there are in proportion to population 139 deaths in the towns. For every such 100 deaths from nervous diseases, there are 170 in the towns. For every 100 deaths from delirium tremens, there are 217 in the towns, and the corresponding proportion for general paralysis is 237. We have here a remarkable indication of the special prevalence in towns, of diseases of the nervous system. This, no doubt, results partly from the greater strain which town life makes upon the nervous and mental energy, but probably in a still greater degree from the injurious influences of imperfect sanitary arrangements and hurtful social practices; and it is interesting to find the

opinion that delirium tremens and general paralysis are special products of the dissipation and feverish activity of town life so strikingly corroborated by the figures.

Small-Pox and Diphtheria in Persia.

Late foreign exchanges say that diphtheria has existed for two years in Persia, and has lately shown itself in unexpected severity; in Shiraz the disease has become almost endemic. With slight variations in intensity it has prevailed the whole year through, and has already cut off nearly all the children. The devastation caused by small-pox in Persia is terrible; vaccination is almost unknown, and is considered a sin. In Ispahan, since December last, 760 persons have been attacked, of whom only thirty recovered, and none of them have escaped without blindness or the loss of one or other of their limbs. In Astrabad, on the Caspian Sea, fifty persons are at the present time dying daily, of small-pox.

Sanitary Work in Russia.

The Grand Duchess Alexandra Petrovna, wife of the Commander-in-Chief of the Army, has converted several of the halls of her palace into a huge workshop, at which all sorts of materials are received, to be made up into articles for the use of the sick and wounded. An immense number of persons of all classes come to the palace every day and take their places at the tables where the materials are distributed. Lately, when the Empress paid a visit to the palace, she found five hundred persons at work.

Careless Ovariotomy.

A case of rather peculiar nature, which occurred at the Alfred Hospital, Melbourne, has given rise to considerable discussion among the profession at the antipodes. It was that of a women operated upon in the hospital for ovarian disease, and in whose abdomen, after death, a *sponge* and a pair of small *bulldog forceps* were found. The *Australian Medical Journal* (No. 187) reproduces the report of the Hospital Committee, and gives a long account of the inquest held on the exhumed body of the patient.

The Development of Color in Flowers.

In the journal of the Scottish Meteorological Society, Mr. Buchan has given some interesting information with reference to the relation which the colors of flowers have to the date of flowering. He shows that "the *blues* are, on the average, considerably the earliest in flower; then follow in order the *whites* and the *purples*, and lastly, the *yellows* and *reds*. It follows that the plants included in the British Flora clearly tend to arrange themselves, as regards the dates of flowering, in the colors of the spectrum, the average earliest being those which are nearest the part of the spectrum where the actinic rays are at the maximum."

Personal.

—Dr. Le Moyne, the Pennsylvania cremationist, is determined that all his children shall follow his example, and be burned. To make sure of this result, he has made a provision in his will, that all the devisees shall agree to be burned, before getting their legacies.

—The degree of Doctor of Philosophy was conferred upon the following Doctors of Medicine at the commencement of the University of Pennsylvania, June 28th, 1877: Francis Dercum, Charles K. Ladd, Rev. Stephen Townsend, William Deats, C. E. Slocum, J. M. Anders, Herman Haupt, C. C. Vanderbeck, Charles H. McIlwaine, Philip M. Schiedt and Andrew J. Parker.

QUERIES AND REPLIES.

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To Editor Medical and Surgical Reporter:—

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M. S., *Penna.*

OBITUARY.

DR. FRANKLIN WEST.

On the 15th ultimo, in this city, Franklin West M. D., in the twenty-sixth year of his age.

The assistant demonstrators of anatomy of the Jefferson Medical College convened Tuesday, June 19th, with Dr. John V. Shoemaker in the chair. The following resolutions were unanimously adopted:—

Whereas, The Anatomical Staff of Jefferson Medical College have heard with sincere sorrow of the sudden death of Dr. Franklin West,

Resolved, That while submitting with reverence to the will of Divine Providence, we cherish with a deep feeling of regret the loss sustained by his death

Resolved, That the Staff have vivid recollections of his personal worth as a demonstrator, as he was studious, ambitious, and in all respects devoted to the interests of his profession.

Resolutions of respect were also passed by the Medical Board of Charity Hospital.

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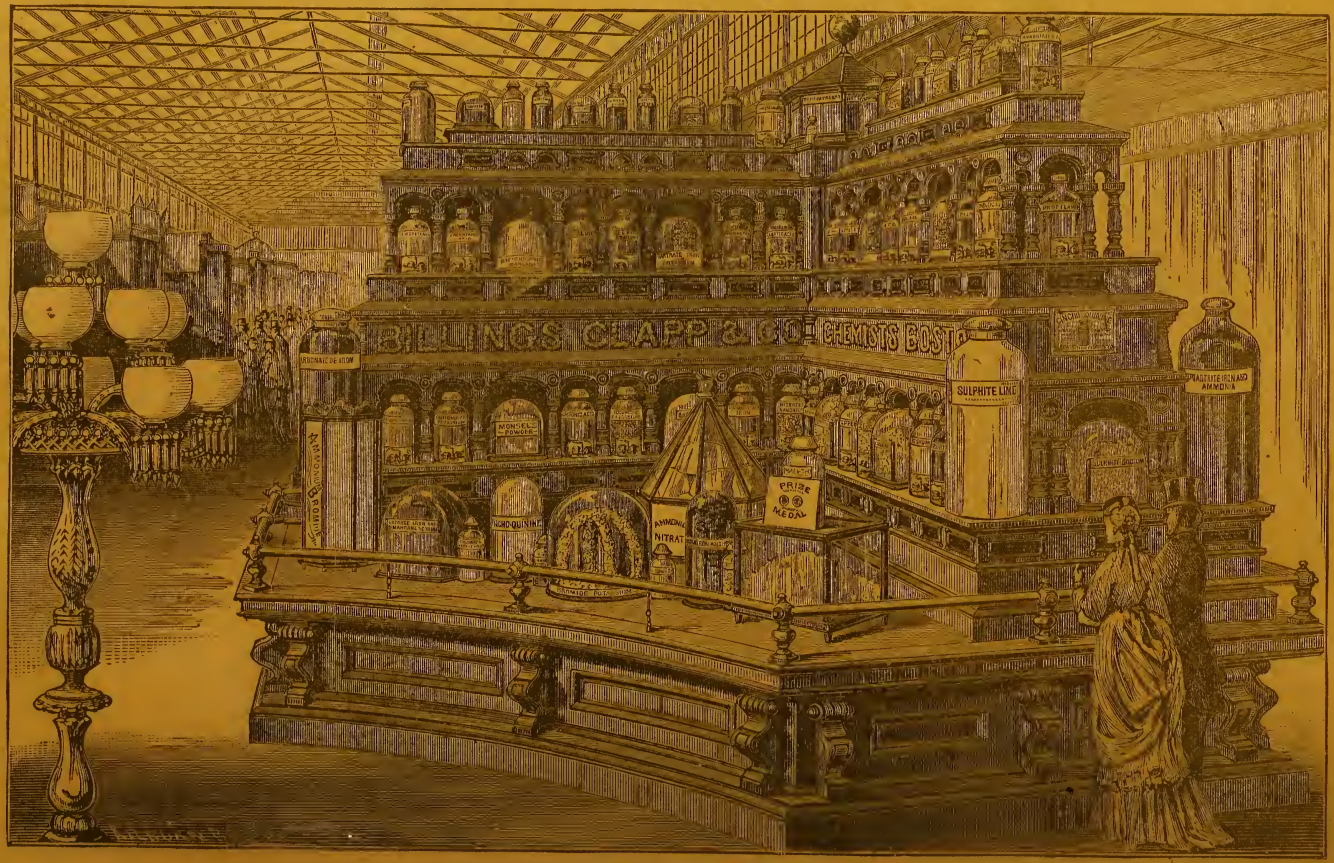

CENTENNIAL EXHIBIT AT PHILADELPHIA, 1876

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1063.] PHILADELPHIA, JULY 14, 1877. [Vol. XXXVII.—No. 2.

Original Department.

Communications.

A PROBABLE OVARIAN TUMOR TAKING ON INFLAMMATORY ACTION.

BY B. F. HAMILTON, M. D.,
Of Emlenton, Pa.

Mrs. B., of Allegheny Township, Butler County, Pa., aged 34 years, of good constitutional record, and very active habits, is the mother of four children, the youngest five years of age. Has always enjoyed good health until early in the spring of 1876, when she noticed an enlargement in the right iliac region, which gradually increased, extending up into the abdomen; her health, however, continued good, and menstruation regular, until about the 1st of July, when, after walking several miles and becoming overheated, she was attacked with violent chills, headache, and abdominal pain. Two physicians from an adjoining town were called, and continued to treat her until about the middle of September. During all this time the abdomen continued to enlarge and her strength to decline.

On the 20th of September, the attending physicians having been discharged, I was called to see her. I found her very much emaciated, with a very sallow, cachectic appearance, constant diarrhœa, and total loss of appetite, unable to leave her bed. I found no evidence of disease of the heart, lungs, liver, or kidneys. On inspecting the abdomen I found it somewhat larger than that of a woman at full term of pregnancy, of a conical shape, with the apex just below the umbilicus, where there was some pouching and tenderness; resonance over the epigastric region, dullness and distinct fluctuation everywhere below; changing the position of the body made no change in these respects. Examination per vaginam showed the os uteri pushed down to the vulva, so firmly that it could not be replaced; any effort to do so caused intense suffering; the sound passed two and one half inches; as before intimated, menstruation had ceased nearly three months before. My partner, Dr. Moore, visited the case with me at this time. On analyzing the symptoms carefully, pregnancy, ascites, uterine fibroid, and malignant disease of the pelvic or abdominal organs, were excluded, and the opinion given that it had been an ovarian cyst or tumor, which had taken on inflammatory action and run on to suppuration. The woman's strength was failing rapidly, and it was evident that she could not long survive in her present condition; to await the efforts of nature and allow the abscess to rupture spontaneously, would most likely induce fatal syncope. We resolved to tap, so that we could control the flow, according to circumstances. Placing her on her left side in bed, with a many-tailed bandage around the abdomen, to keep up pressure, I plunged a large trocar into the most prominent part of the tumor and drew off two gallons of a greenish yellow, and very offensive pus, when, her pulse growing weak, the canula was removed, and a compress and bandage applied. She rallied well. The next morning the bandage was removed, and another gallon of pus escaped. When the sack was nearly emptied there was, for a moment, a flow of pure serum,

indicating to my mind that a small cyst had resisted the inflammatory process, and ruptured at this time. A flexible bougie was introduced into the opening and passed downward toward the right iliac region for about seven inches. The woman was put upon stimulating tonics and a generous diet, and improved rapidly. A drainage tube was inserted into the orifice, through which pus flowed in gradually diminishing quantities, for about five months, the bougie pursuing a shorter distance at each examination. Menstruation returned about the time the abscess healed; the abdomen has resumed its normal shape and size; and now, eight months after the tapping, the woman seems to be in good health, attending to her household duties as usual. This closes one of the most remarkable cases on record, so far as my reading has extended.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC OF FRANCIS DELAFIELD, M. D.,
Adjunct Professor of Pathology and Practical Medicine, April, 1877.

Reported expressly for the Medical and Surgical Reporter.

Tuberculosis.(?)

This patient, a man in middle life, tells us that his general health has been good until two months ago, when he began to have a cough. About the same time he also felt pain and soreness on the left side of the chest, and shortly afterward something which he describes as being like a large boil formed on the chest-walls and finally broke. He says that he coughs most at night; and that two weeks ago he raised blood for the first time, the hæmoptysis, (if such it may be called,) being very slight. Ordinarily, his expectoration is white in color. During the last two weeks he has also begun to feel hot at night. The increase of temperature commences about seven o'clock, and he says his feelings are like those of a person suffering from chills and fever, the hot sensation being followed by sweating. His real illness seems, then, to have commenced two weeks ago, when he coughed up a little blood. The cough has not been very troublesome, but there is a well-marked febrile movement, the pyrexia coming on at night. If we can judge from this morning's indications, however, the fever does not leave the patient in the daytime; as his temperature is now 101½°. The skin is moist, and the pulse is 100, and pretty full. Now we can tell very little about what all this means, without an examination of the chest.

It is worth your while to note carefully the percussion tones in this case. You will notice that the resonance, not quite of normal clearness on the right side anteriorly, is really dull on the left side. Yet auscultation reveals the curious fact that the breathing is perfectly normal in both lungs. It is, then, simply the natural dullness of this particular chest. This condition is found in some persons whose lungs are perfectly sound in every particular, and I wish to put you on your guard when you meet such in practice, in order that you may not be misled. Behind, also, this chest is a little duller on the left side than on the right; but the breathing is good all the way down on both sides. Vocal resonance and fremitus, too, are unimpaired; but there are a few subcrepitant râles in the lower portion of the chest, on the left side. You will notice the redness of the skin on this side; and at the part where it is located I find there is a marked induration of tissue surrounding an open sore, which is situated just above the level of the left nipple and a little to its left. The mass of indurated tissue is some two or three inches in diameter and perfectly movable. It is below the axilla, and does not seem to be connected with the lymphatic glands. Neither the history nor the symptoms are straightforward in this case. If there had been no coughing up of blood, we might exclude phthisis; but, under the circumstances, with the hectic condition present, and the subcrepitant râles on the left side, I should be inclined to suspect tuberculosis in that lung; though it is impossible, at present, to make out how much of the pulmonary tissue is involved. I am at a loss to know what was the origin of the patch of indurated subcutaneous tissue; but it is possible that there may not be any tuberculosis at all, and that this inflammatory process may account for the febrile movement. At all events this febrile action is the principal feature of the case, and, as we have seen, it is remittent and not intermittent in character. In the way of treatment, I would suggest fifteen or twenty minims of aromatic sulphuric acid, with five grains of quinine, every three hours. If in a few days no good effect is produced, I should try some other remedy. You might, perhaps, entertain the idea that we have here some one of the continued fevers to deal with; but neither the tongue nor the general appearance of the patient are those of a person thus affected.

Acute Hydrocephalus.

This child, three years old, has something the matter with its head, the mother says. A week ago it commenced vomiting, and this symptom has continued up to to-day. There is a tendency to let the head hang down, and the child lies in a stupid condition. When roused and questioned, she says she is sick in her head. She has passed no urine since yesterday morning. There is no tubercular history in the family,

but the mother looks very much as if she had phthisis herself.

Here, gentlemen, you have a well-marked case of an affection which we very rarely meet with at this clinic, acute hydrocephalus. This is a straightforward history, and I may mention that the symptoms began more acutely here than is usual in these cases. The child was apparently well up to a week ago. Vomiting was the first thing noticed, and in a day or two after this had set in she began to have fever. The course of tubercular meningitis is very irregular, and varies a good deal in different cases.

Then, beside the vomiting and the febrile movement, the mother tells us that the child shows an inclination to remain in whatever position it is placed, with the muscles relaxed and the head thrown back. This perfect apathy is entirely characteristic of tubercular meningitis. Moreover, whenever the child makes any complaint at all, it is in reference to its head. The apathetic condition you here see varies, as a general rule, with periods of restlessness, but the latter do not seem to occur in this case. The slowness of the passage of water is also frequently met with in the disease, though it is not as much of a symptom in children as it is in adults. Little patients of this age do not care to pass their water, and sometimes there is a great diminution in the quantity of their urine without any harm resulting. This child, when she does pass water next, will probably pass but very little, notwithstanding the long period that has elapsed since she last urinated. I observe that the pupils are normal, but there is strabismus of the right eye. We have, then, a complete and clear diagnosis of tubercular meningitis, as indicated by the symptoms to which I have alluded, and which I will now recapitulate: vomiting, febrile movement, pain about the head, strabismus, apathy, diminished excretion of urine.

Now, as to the prognosis. The child is certain to die. How soon? Probably within a week. The disease has developed more rapidly than is usually the case, and the cerebral symptoms are already very marked, so that the chances are nine out of ten that the child will not last more than seven days. The temperature will rise toward the last, and the pulse become more rapid, while the stupor will become more and more profound. The plan of treatment adopted will depend on whether or not you think there is any chance of recovery. I do not believe that there is, and therefore I would not recommend any measure that would disturb and annoy the child, such as blisters, etc. The only symptoms that really require attention are the vomiting and the diminished secretion of urine. For both of these the effervescent draught would probably be as efficient as anything that we could employ. In order to still further increase the secretion of urine, I would suggest the hot-bath, the child being allowed to remain in the water about five minutes. It should then be immediately wrapped in blankets, without being wiped, and permitted to sweat for two or three hours. This is one of the best measures that I know of to make children pass water. If restlessness were present, I would give chloral and bromide of potassium. In case you entertained the idea that the child might possibly recover, you would use counter-irritation, by blisters, etc., and the iodide of potassium internally.

Acute Pleurisy, with Chronic Bright's Disease.

The next patient is a man of thirty-three years of age. He says that for the last fortnight he has had a pain in the chest, extending up and down the left side, accompanied by a feeling of weight or oppression. On further inquiry, we find that he has not been well for about nine months. Last summer he caught cold, by being upset in a boat, since which time his appetite has failed him and he has been losing strength. His face is usually swollen in the morning, and he has more or less œdema of the feet at times, while he passes less than the normal quantity of urine. There is no heart murmur. On percussing the chest, we find that there is flatness on the left side, extending about half way up the lung; and I may remark that such flatness as this almost always indicates pleural effusion. The breathing, as well as the voice-sounds, stops also at the same point. Above this the breathing in the compressed lung approaches bronchial respiration in its character. There is also a small quantity of fluid on the right side. The man's appearance is precisely that of a person suffering from Bright's disease. You will notice the characteristic pallor and waxy hue of the skin. On testing the urine for albumen, however, we find that there is none present to-day. Still, from the history of the case, the appearance of the man, and the fact of the œdema, I think there can be no doubt that there is organic disease of the kidneys.

Treatment.—For the pleurisy I will order ten grains of the iodide of potassium, and thirty minims of the syrup of the iodide of iron three times a day, and a blister to the left side. Other tonics, in addition to the iron, may be given later. There is no reason why the patient should not be entirely cured of his pleurisy; but, of course, the chronic kidney-trouble will still remain.

Chronic Rheumatism.

The old man whom I now bring before you complains of severe pains in his back and leg, which commenced last summer and have continued up to the present time. There is a cramp-like pain all the time in the left lower extremity, which, to use the patient's own expression, "kills him to walk." He never had any trouble of this kind until last summer. This, gentlemen, is a case of chronic rheumatism, affecting the muscles and ligaments of the back, hip-joint and leg, and these cases, as you know, are apt to be extremely obstinate. The treatment that I will

recommend here is, increasing doses of the iodide of potassium (commencing with ten grains three times a day, and carrying it up to quite a large quantity), together with counter-irritation over the affected limb. Shampooing and kneading is the very best counter-irritation that can be applied in these cases, and if our patient could be systematically treated by a skilled professional manipulator, I have no doubt that he could derive the greatest possible benefit from such a course. If he is unable to obtain the services of a rubber, I would suggest a succession of blisters, and the continued application of the tincture of iodine, as the next best means that he can employ.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

TWENTY-EIGHTH ANNUAL SESSION.

SECTION ON SURGERY AND ANATOMY.

TUESDAY, JUNE 5TH.

The Section met at 3 P. M. in Farwell Hall. Dr. Frank Hamilton was elected chairman. Dr. Moses Gunn resigned the Secretaryship, and Dr. John E. Owens, of Illinois, was elected in his place. Dr. J. T. Hodgen, of Missouri, read a paper on "The Value of Extension in the Treatment of Fracture of the Femur." Dr. Hodgen described the usual treatment for such a fracture, and pointed out the faults of plaster cases and pulley apparatuses. Lateral supports he pronounced to be valuable only to prevent angling. Continuous extension, by means of force not varying in power, was essential. It was not to be found in elastic extension, the name of which showed that the power could not be constant. Friction vitiated the pulley apparatus. Oblique suspension, he deemed to be the only suitable method. The exact pressure required could be obtained by varying the obliquity of the suspending cord till the patient was out of pain. In twenty-four hours a child five years old would learn the amount of extension under which comfort could be obtained, and would maintain it. Fortunately, the amount of extension needed is what the comfort of the patient requires. The patient will naturally adapt his position to the lessening contraction of the muscles. Dr. Hodgen's conclusions were: 1, continued extension of the femur is essential to the best results; 2, this is not to be secured by lateral supports of any kind; 3, this can be secured by suspending the limb; 4, suspension furnishes the best means to allow motion to all parts of the body.

This paper was discussed all the afternoon, and at the close of the debate the following resolution was adopted:—

Resolved, That it is the opinion of this Section that shortening in cases of fracture of the long bones is the rule in practice, regardless of any of the plans of treatment now in use.

On motion, the Section adjourned, to meet on Wednesday at 3 P. M.

WEDNESDAY, JUNE 6TH.

The Chairman called the Section to order at 3 P.M.

A letter was read, preliminary to the commencement of business, from Dr. Robert Battey, of Georgia. He should have read a paper on Tuesday, before this Section, upon the "Permeability of the Entire Alimentary Canal by Enema, and Some of its Surgical Applications." In the letter he stated his inability to complete his essay, and requested that its hearing be postponed until the next meeting of the Association. The request was granted.

In the absence of Dr. S. W. Gross, of Pennsylvania, Professor S. D. Gross read his paper, entitled, "Stricture of the Urethra from Masturbation, and its Pathological Significance," which dealt with a great number of cases coming under the observation of the author of the paper, showing the ultimate result of the above cause of trouble. The Doctor exhibited two new instruments to be used in urethropia, which appeared to meet with favor.

The paper was referred to the Committee of Publication.

Dr. W. T. Briggs, of Tennessee, next read a paper on "Medio-Lithotomy." He made the following deductions: 1. That the medio-bilateral is the simplest and safest, and, therefore, the best, method of lithotomy. 2. That it is the method best adapted to a large majority of cases. 3. That it passes by the shortest and most direct route to the bladder. 4. That it lessens the chances of the surgeon's knife slipping out of the groove of the staff, and passing into the space between the rectum and the bladder. 5. That by it tissues of the least importance are divided. 6. That if the median line be closely followed, and only a limited section of the deep-seated parts be made, less blood is lost than by any other method.

Dr. Lewis A. Sayre, of New York, then read a very interesting paper upon "The Treatment of Fractured Ribs by Extension and Expansion of the Thorax, and Retention by plaster-of-paris Bandages." The distinguished surgeon was listened to with the greatest attention as he described the most advisable method of treating fractured ribs. His mode consisted in extending the patient, and then taking dry plaster-of-paris, rubbing it into crinoline, rolling it, wetting it, and then after having applied a shirt, inclosing the thorax in four or five layers of this preparation. He applied this to a patient, a woman whose ribs were broken, and who could obtain relief only by sitting with her body bent forward, and her arms stretched over the necks of two attendants. Dr. Sayre applied his plaster-of-paris bandage to keep the ribs and muscles of the chest stretched apart, and as soon as the bandage "set" the patient was able to walk about the room, and she suffered little pain from that

time till she died, which occurred suddenly, ten or twelve days after the bandage was applied.

Dr. I. N. Quimby, of New Jersey, read a paper on "Conservative Surgery." The most prominent feature of the paper was a description of the removal of a section of bone from a patient's leg. An animated discussion ensued, participating in which were Drs. Hodgen, of Missouri; Truesdale, of Illinois; Blake, of Indianapolis; Humphrey, of Missouri; Hughes, of Iowa, and others.

The paper was referred, and the session was adjourned until Thursday, at 3 P. M.

THURSDAY, JUNE 7TH.

The Secretary met at 3 P.M., and was called to order by the Chairman.

"Suspension as a Means of Treatment in Spinal Distortions," by Dr. Benjamin Lee, of Pennsylvania, was the title of the first paper submitted to this Section. In the absence of the author, Dr. Woodbury read an abstract of the essay, and exhibited an appliance designed by Dr. Lee, called a spinal swing, for cases of curvature.

In the discussion which followed, Dr. Sayre, of New York, said that this apparatus was one of the most important appliances which had been devised for the cure of this complaint.

On motion, the paper was referred to the Committee of Publication.

A paper entitled, "On the Immediate or Proximate Cause of Pain," by Dr. S. D. Gross, of Pennsylvania, was then read. In discussing the subject, the writer stated, as preliminary to the whole, five distinct propositions, viz.:— First. That the nervous fluid, as it is called, is precisely similar to, if not positively identical with, the electric or galvanic fluid, modified, of course, by the play of the vital action which everywhere exists in the organs and tissues through which the nervous fluid circulates. Second, that the fluid under consideration is generated by the brain, spinal cord, and nervous ganglia, and that the nerves are simply passive cords, ropes, or, so to speak, wires, for the transmission of the nervous fluid. Third, that what is called pain is due immediately and directly to obstruction of the transmission of the nervous current, thereby causing an accumulation of nervous fluid at the seat of the obstruction. Fourth, that pain can take place only in connection with a sound state of the brain and spinal cord, or, in other words, that when these organs are seriously affected there can be no perception of pain or suffering whatever. Fifth, that pain is modified or influenced by structure, and by the nature of the exciting cause.

On motion, the paper was referred to the Committee of Publication.

Dr. H. O. Marcy, of Massachusetts, exhibited plastic splints, and read a paper upon the subject of "Bandages," which was referred to the Publication Committee.

Dr. Sayre exhibited a case illustrating reflex incoördination, from genital irritation. The patient, a child about twelve years of age, was carried in the arms of her father. She was reduced to a skeleton almost, physically and mentally.

The next paper was by Dr. S. J. Jones, of Illinois, on "Recent Advances in Otology."

The abstract of a paper was read by Dr. E. Andrews, of Illinois, which went to show that incisions can be rendered painless by high velocities, illustrating his idea by a new incisor of his own invention.

"Open-air Treatment of Wounds" was the subject of an essay by Dr. J. E. Link, of Kentucky.

Another paper was submitted, Dr. Bowditch being the author, on "The Relative Value of Incisions and Amputations in the Treatment of Empyema."

Dr. C. Fayette Taylor, of New York, described his osteoclast, and exhibited a patient upon whom the instrument had been used.

The Section was so overburdened with volunteer papers, etc., that, on motion of Dr. E. Andrews, it was

Resolved, That all papers whose authors were not present be referred to the Committee of Publication, without reading.

Under this head came a paper on "Foreign Bodies in the Ear," by Dr. Clarence J. Blake, of Massachusetts; and one on "Vaccino-Syphilis," by Dr. B. Rush Senseny, of Pennsylvania.

Dr. Henry A. Martin, of Massachusetts, addressed the Section on the "Value of the Elastic Bandage in the Treatment of Varicose Ulcers, Sprained Ankle, Enlargement of Joints, from an Increase in the Quantity of Synovial Fluid, after Rheumatism and Certain Enlargements of the Bursa Patellæ."

On motion, it was referred to the Committee of Publication. The Section then finally adjourned.

SECTION ON STATE MEDICINE AND PUBLIC HYGIENE.

TUESDAY, JUNE 5TH.

The Section met at 3 P. M., Dr. Ezra M. Hunt, of New Jersey, Chairman. Dr. L. D. Waterman, of Indiana, was elected Secretary.

After the Chairman had made his report as to the work of the Section, he presented sundry communications he had received relative to State Boards of Health, which were read, showing failure in several States, but that at least four new boards had been formed in as many States.

He then introduced Dr. J. L. Cabell, of Virginia, who read a paper on the "Etiology of Enteric Fever." He proposed to inquire if this fever may not depend on other causes than those generally assigned. In his researches and inquiries of friends he had obtained many important facts showing other sources of poison, and seemed to regard it as eminently a contagious disease.

The paper was a collection of answers to Dr Cabell's inquiries, by fifty-eight correspondents

regarding the development of typhoid fever. Most of these letters attributed the origin of typhoid fever to filth, as is generally the case, but Dr. Cabell took up a number of cases where there was no end of filth, but typhoid fever was unknown. He believed that the laws affecting germ-life were far from fully understood, and that the facts did not warrant the *de novo* doctrine of Bastian's theory of heterogenesis. Speaking of the tenacity of germ-life, he said, Indian corn, a semi-tropical seed, had been exposed for years, in the Arctic regions, to a temperature seldom less than fifty degrees below zero, and yet it maintained its vitality. The replies he received indicated that typhoid fever was developed by excremental filth, by the use of milk from cans washed in tainted water, and by vegetable decomposition. Many correspondents cited much evidence to support the theory that decaying wood was far more likely to develop typhoid than was other vegetable decomposition. A soil saturated with organic impurities was fruitful in producing typhoid. But Dr. Cabell said that typhoid was to be found where none of these causes were at work, and he regretted that the belief in excremental poisoning as the great source of the fever had caused physicians to overlook other hardly less important, but almost unknown, causes. A large number of the replies cited many facts to show that there was an antagonism between typhoid and malarial fevers, and that typhoid is unknown where malarial fever is prevalent.

It was discussed by Dr. C. G. Comegys, of Ohio, who was fully assured the disease was infectious, and quoted cases in confirmation.

Dr. S. C. Plummer, of Illinois, quoted instances to show the existence of the two forms of disease, typhoid and malarial fever.

Surgeon J. J. Woodward, U. S. A., was much pleased with Dr. Cabell's paper. Much of the evidence on which his own belief was based was yet to be published, and would appear in the forthcoming volume of the Medical History of the War. He believed enteric and malarial fevers alternated in certain localities; yet they may co-exist, and largely so, as was seen in the late war. He hoped Dr. Cabell would continue his study of this disease, and urge the profession of his section to collect facts for its further and complete study, especially the results of post-mortems. He alluded to microscopic study over two hundred years ago, and the errors resulting from the imperfect instruments of that time.

Dr. F. Pratt, of Michigan, alluded to his early practice in Virginia. He saw a different form of fever in the valleys, from that of the mountains, and sent, with much good result, his typhoid fever cases from the mountains down into the valleys. Malaria modified the typhoid fever. Hence, he had no hesitation in saying that a high degree of malaria will greatly modify typhoid symptoms. In Michigan he never yet saw a pure case of typhoid. All is malaria. He had seen cases with mixed symptoms—intermittent one day, and apparently typhoid the next.

Dr. Foreman, of Missouri, had also practiced in Virginia, and never saw a mixed case, or typho-malarial fever. But in Western Missouri he did see it, and abundantly. He had seen typhoid driven out by malarial, and malarial supplanted by typhoid. He mentioned a locality with a dividing ridge, between rivers; typhoid prevailed on one side and malarial on the other. He frequently sent fever cases into the timber lands, as long ago suggested by the late Prof. John K. Mitchell, of Philadelphia, and they were always benefited.

Dr. C. H. Ohr, of Maryland, had got now, from Dr. Woodward, the key to a mystery which beset him during the war. He now understood the cases which presented with such mixed symptoms. He was not willing to recognize the term "bilious fever." In Cumberland, recently, the water supply had been fearful. It was a distillation of mules and human beings, slops, etc., yet disease had not been increased since its introduction. The people complained terribly of the water. He was waiting anxiously as to what might yet follow this summer or fall; perhaps it might result in typho-malarial, or something so-called. He expected an abundant opportunity for further observations.

Dr. D. C. English, of New Jersey, wanted facts that are facts and not based on erroneous diagnosis.

On his motion, the paper of Dr. Cabell was unanimously referred to the Committee of Publication.

After the Chairman had urged all to be present to hear a paper by Dr. Black, of Ohio, at the next session, the Section adjourned.

WEDNESDAY, JUNE 6TH.

The Section met at 3 P. M., Dr. Hunt in the chair. He suggested the propriety of uniting this and the Section on Psychology, etc., as all these subjects were intimately related.

Dr. J. R. Black, of Ohio, then read a paper on "The Laws of Heredity, with Special References to the Transmission of Morbid Tendencies, Abnormal Forms, and the Effects of Intermarriages." The lecturer said that the improvement of the domestic animals had long been the source of earnest thought and care, and the objects sought to be accomplished, whether beauty, strength, or endurance, they had been eminently successful in obtaining. As regarded the human race, nothing of the kind had been attempted, everything being left to chance, except as regards efforts to train the head and heart. The leading object of this culture was social success, and to gain this the welfare of blood and brain was often sacrificed. There was no wonder that the boasted head of creation should be at its foot, so far as vigor, health, and longevity were concerned. It was certain that the stamina of man as a race was, if not retrograding, at least, not advancing. The special reason of this was the over-exercise of some,

and the enforced inaction of other, organs. Brain-toil was commenced far too early, ere yet the brain was capable of sustaining it, and only the strongest young men and women were able to go through a long collegiate curriculum unscathed by disease. This fact, demonstrated before the fertile period had been reached, had a special bearing upon hereditary modification. During the more primitive forms of civilization, weak and imperfectly developed children were more likely to perish by the hardships to which they were exposed. Physical strength was more sought after in those days, outdoor exercise was general, and the diet simple and wholesome. To-day every possible means was adopted to keep such children alive, and when they reached manhood or womanhood they were advised and encouraged to marry healthy persons, thus aiding to extend and intensify the prevailing blood-deterioration. The consequence was the multiplication, to an alarming extent, of hospitals and infirmaries.

The inference of degeneration was shown by vital statistics. In Rhode Island, for instance, the birth-rate had sunk lower than in any European nation with the exception of France. It was found, and would be found, necessary to multiply hospitals and infirmaries, if the laws of health were to be ignored. It would seem, if this was to be kept up, that, as the process went on, one-half of a nation would be kept in constant employment in caring for the helpless and diseased other half.

The speaker had addressed two hundred and fifty circulars to leading physicians, asking their personal experience as to the transmission of hereditary infirmities, and tendencies to disease, and to the effects of intermarriage. Sixty-five responses were received, embracing the vital history of ninety-three persons. Of these only thirty-three, fifteen males, and eighteen females, were reported as free entirely from inherited predisposition to disease. The remarkable predisposition through reproduction of some sexual variation of a normal character was indisputable, but it was not proved that the same law extended to abnormal variations. It had been observed that the Jewish race was more free from disease and longer-lived than other races in the same environment. There was a marked tendency to reversion to older or more durable types, especially when the modifying influences were withdrawn. All authorities agreed that characteristics became more firmly fixed as they were transmitted through generations. The many varieties of pigeons which breeders had been able to produce by careful selection, one and all, when left to natural influences, reverted to the primitive type. This was also shown in regard to cases of congenital defects. When a male or female deaf-mute married a sound person the offspring was very seldom affected. The result of crossing varieties of domestic animals was often a reversion to the primitive type.

Through the reports received from some of the most advanced medical thinkers of the day, many typical instances of recovery or reversion from an inherited tendency to disease, when the conditions favorable thereto had been faithfully and skillfully carried out, had been collated. Reversion from acute diseases was an every-day affair.

A large number of instances of the reproduction of congenital peculiarities and abnormal forms were cited by the lecturer, who then proceeded to give some particulars as to consanguine marriages, the statistics being derived in the same manner, and relating entirely to physicians, or their connections. In twenty of these the degree of relationship was cousin-german, with the following results upon the offspring: No ill-effects in five cases; in the sixth, three of the children had supernumerary fingers and toes; the seventh, eighth, ninth, tenth, eleventh and twelfth, one or more children imbecile or idiotic, two nearly blind and deaf, one a dwarf, one an epileptic. In the thirteenth instance one had a cleft palate; in the fourteenth, two were strikingly handsome, but below par in intellect; in the fifteenth, one sickly and feeble; in the sixteenth, one without the right arm, but with rudimentary fingers on the shoulder; in the eighteenth one had talipes equinus; in the nineteenth all the progeny were unhealthy and scrofulous; and in the twentieth instance, of a large family, all were hideously deformed, though clear and bright in intellect. From these figures the deduction was made that the chances of the issue of consanguineous marriages having well-formed bodies and sound minds were so small that the strongest legal enactments against them were justified.

In conclusion, the lecturer declared that the more the primitive phases of civilization were considered, the more apparent did the fact become that the somewhat violent hardships and privations to which life was then exposed fell with special force on the weak and helpless, and little, if at all, on the vigorous, thus tending to the elimination of the one and the perpetuation of the other. It was apparent, further, that few persons possessed the strength of mind necessary to abstain from the perpetuation of the species, simply because they inherited a congenital disorder. Yet, even this fact had an outcome not to be deplored. High intelligence, strong wills, and consistent behavior would survive, while feeble-minded ignorance and volitions unstable as water, would carry the blood on to imperfection, disease, and extinction.

Dr. A. N. Bell, of New York, followed with an exhaustive article on "Tuberculosis in Milch Cows, and the Contagiousness of Tuberculosis by the Digestive Organs\," and was followed by Dr. C. G. Comegys, of Ohio, with a brief paper on "State Medicine."

Dr. A. N. Bell, of New York, objected to one point as a mere coincidence. He had seen a great deal of the natives of Africa. For generations they have practiced tattooing, cutting their flesh, and leaving scars in very early childhood,

or sharpening their teeth so as to make them resemble cat's teeth. Yet their children are born with sound skins and well-formed teeth. He had never known or heard of a case of inheritance of these deformities. This exists in many places. Nowhere has there been observed any inheritance to follow. It proves that we cannot change our organic features. Those deformities are never reproduced.

Dr. Pratt said the intermarriage of cousins has been made a cause of disease, etc. He did not agree that these marriages should not be allowed. Breeding in and in has been thoroughly studied by those who raise horses, and cattle, and other domestic animals, and one fact is thoroughly established—where there is breeding in of healthy stock, there is a certainty of good results not otherwise obtained. Thus the Israelites, from the time of Jacob, have married cousins. They scorn the prevalent notion of bad results from such marriages. Where the female type is toward a certain form of disease, etc., then the children are sure to have those diseases. Where cousins are of pure stock you are sure to have pure results, an increase of vitality.

Dr. H. F. Lester, of Michigan, alluded to a law passed by the State Legislature, against the marriage of cousins. He regarded it as hasty. He believed that where the stock is pure, and without hereditary taint, marriage increases the certainty of pure stock. Where there is a tendency to phthisis on both sides, it increases that tendency in the children. This holds good in regard to other diseases. As to the reproduction of deformities, he thought that it was because their natures are so accustomed to these things that it produces no impression. Thus, a case in point—a lady at her second month was vaccinated, and it made a very strong impression on her. She became hysterical, and objected to the operation; when delivered, the child had a vascular nævus directly at the point of the arm where she had been vaccinated.

Dr. Comegys, Ohio, thought this a very interesting subject. He had a case in point. He performed an operation on a lady, which greatly affected her daughter, then at the second month. On the birth of the child, at the corresponding point on the same side where the instrument was inserted, there was a mark which he was compelled to attribute to this, as a cause.

Dr. Black did not wish it thought that he regarded disease as the result merely of the marriage of relations. But where there is a deficiency in some point in a family, all are very likely to have the same deficiency, and intermarriage intensifies it. In a breed of animals the good qualities are intensified, and this is what is desired.

On motion, the paper was referred to the Committee of Publication.

Dr. Comegys, of Ohio, contended for a more rigid enforcement of the laws in regard to the practice of medicine. Unqualified persons should not be allowed to practice, and the State should exercise a careful supervision over the issuance of diplomas. Another point was that the medical profession was practically excluded from political life. The lecturer concluded by offering the following resolutions, which he respectfully submitted for the consideration of the Committee on State Medicine:—

Resolved, That the medical profession, by reason of its paramount claims as guardian in so great a degree of the best interests of society, should seek to give authority to its claim by making the State the expression of it.

Resolved, That it is the duty of the medical profession to labor for the establishment of a Medical Council of State in each State, which shall be empowered by law to make rules and regulations for the qualifications of medical practitioners, and the regulation of whatever is connected with public hygiene.

Resolved, That it is the duty of the profession to exert its influence to secure a fair representation of physicians in legislative bodies, because their participation in legislation is most important to the public weal.

Resolved, That the devotion of physicians to medical politics will not hinder their culture or usefulness as practitioners, but rather will greatly strengthen them in their ability to promote good order and human happiness.

He thought the profession were greatly afraid of anything like political action. Abroad, the medical institutions are a part of the constitution; in England, on the continent, the legislation is greatly in the interest of medicine, while here the reverse obtained; there is almost no protection; here and there a local board of health, limited to the expenditure of a few hundreds of dollars. The diploma granting power is given to any irregular body for a few dollars, and these diplomas are equal to ours, and may be recognized everywhere.

With them, an examination is a matter merely of correspondence. Everywhere it is the same. We ought to do more to protect ourselves. The lawyers use us, but will do nothing for us. Our profession should be connected with the State.

Dr. Bell hoped he would not be regarded as objecting to this paper. He thought the action of last year, in appointing committees for each State, was excellent, and wanted it continued. Some had succeeded; those that failed might succeed next year. All must continue their efforts. This Section is organized to that end. Each member represents the public hygiene interest in his State. It has had a good effect upon some of the legislatures.

The Chairman thought that under the present rule matters were working well. He knew this, through his correspondence with the members of the Section.

Dr. William McPheeters, of Missouri, was earnestly in favor of the establishment of State boards. He knew the difficulties of obtaining proper legislation. He thought the remedy lay with the profession rather than with the legis-

latures, as the latter, generally, when appointing State Boards of Examiners, mixed things badly—appointed politicians, irregulars, ignorant men. This Association should do the work by means of its ramifications. He thought an infusion of medical men would improve legislatures, though, perhaps, not the profession.

Dr. J. L. Cabell, of Virginia, said this was the case with his own State. They could not obtain an appropriation for the State Board of Health by unwisely attempting other things at the same time. The State Medical Society for twenty years has been agitating the subject of a Board of Examiners, but without beneficial result, and have caused trouble with the State Board of Health. He thought it unwise to undertake too much. On his motion the paper was referred for publication, and the resolutions omitted.

Dr. McPheeters expected success next year, in Missouri, in getting a State Board of Health.

Dr. Comegys said they had a good Board in Cincinnati; they did their duty. He feared that little could be done to elevate the profession above the status it now has in the public mind.

By suggestion of the Chairman, Drs. Cabell and Pratt were appointed a committee to report suggestions on the subject at the next meeting of the Section.

Adjourned till June 7th, at 3 P.M.

THURSDAY, JUNE 7TH.

Chairman called the Section to order at 3 P.M.

On motion of Dr. Ohr, the Committee on State Medicine was continued.

Dr. Elisha Harris, of New York, alluded to the address of the Chairman as containing many practical points. On his motion, this address, as read before the general session, was referred for publication.

Dr. Elisha Harris, of New York, read a paper on "The Results of Legislation on Public Health," in which he took the ground that until recently sanitary laws had been left entirely in the hands of local boards and authorities.

In nearly every State statutes of a penal character, bearing on the protection of the public health, had been enacted, and in States and cities where these statutes had been vigorously enforced, the effects apparent upon the population were most gratifying and encouraging. This fact is largely illustrated by reference to the States of Massachusetts, Rhode Island, Michigan, Minnesota, and Wisconsin.

The cities of New York, Boston, Providence, New Haven, and Brooklyn have been subject to the same laws, and show the result in the great decrease of epidemical and contagious diseases.

There are in all the States general laws for the protection of life from contagious disease, small-pox, fevers, and such like, by isolation, quarantine, or destruction of infected property or household furniture. In the state of New York a statute empowers the board of town supervisors or justices of peace to form a board of health, and in this manner some people get more authority than they well know what to do with. Sometimes action has not been taken until the destroyer has made such havoc that it is vain to attempt staying his advance. All that can then be done is to locate or localize him.

Another New York statute provides that all public school children shall be regularly vaccinated, and in entering the school shall be made to show vaccination marks, if they wish to escape the operation.

The law is, however, a dead letter. It was tried in the small cities and proved a decided failure.

The trouble is that the laws, although good in themselves, are not set in motion by competent authority. The same is true of the abatement of nuisances, proper drainage, and matters of that nature.

The great want appears to be a central authority which shall dictate what is to be done and how to do it. To this end State boards of health ought to be encouraged. A conference between medical men of the army and the navy, political and State, might have a good effect, and produce, or found, the desired basis of centralized action.

Systematic drainage ought to be encouraged to the utmost. Public opinion will soon compel law makers to take the matter up and act upon it. The drainage system has a wonderful effect on human health. In one English town, built among marshes, a thorough drainage has reduced the death-rate some forty per cent. The same result can be obtained anywhere in this country, if only the people, who are the State, take the matter into their own hands.

The Chairman being compelled to leave, Dr. Comegys was called to preside.

Dr. George Sutton, of Indiana, alluded to "trichina spiralis." In his section of country 5 to 12 per cent. of pork is infected, and in one place 16 per cent. Something should be done in such a matter, to prevent the spread of this terrible trouble. If a law was passed to prevent swine from running at large, its spread could be checked. So with the hog cholera, which is destroying thousands of swine. Swine are fed from a distillery near his place. A creek runs through the town (Aurora), and it branches off on each side. 10,000 hogs have been fed there, and many cattle. Beneath the pens is ten or fifteen feet of decomposing matter. It has not been removed for twenty years, and has caused much sickness. Just below Cincinnati is a fertilizer factory, the stench of which is equal to that of our own distillery. They have tried again and again to have a law to remove it, but in vain.

Dr. Harris said this is the practical point. We want a law to reach such cases. He had seen occasionally trichinous poisoning in New York, in seamen's boarding houses, where they eat raw ham. Here we can offer no means of

prevention. Of course, we say, "cook your pork!" But people will not. Thus we lose valuable lives, skilled men in their special branch. He would like these points put in form to offer to the people.

Dr. Ohr, of Maryland, suggested an indictment of such establishments by a grand jury. In his own town there was a tannery which caused an epidemic of malignant dysentery. The refuse and washings of the tannery went into a creek, and were left in the rocks, to be decomposed, and hence this result. It was indicted as a common nuisance, conviction followed, and a fine of $50 was imposed. The proprietor remedied it in a great measure. Thus, the establishment would not be utterly destroyed, causing commercial disaster to the place. Much might be done in converting these deposits into fertilizers.

On motion of Dr. G. L. Andrew, of Indiana, it was

Resolved, That the paper on the results of legislation on public health, by Dr. Harris, be referred to the Committee of Publication.

The Section then finally adjourned.

SECTION ON PRACTICAL MEDICINE, MATERIA MEDICA, AND PHYSIOLOGY.

TUESDAY, JUNE 5TH.

The Section was called to order at 3 P. M., by the Chairman, Dr. P. G. Robinson, of Missouri. Dr. B. A. Vaughan, of Mississippi, Secretary.

In the absence of Dr. A. B. Palmer, of Michigan, Dr. N. S. Davis, of Illinois, read his paper on "The Effects of Quinine in the Treatment of Acute Pneumonia."

It was discussed by Dr. T. J. Gallaher, of Pennsylvania, who believed fully in placing the patient under the proper hygienic condition. He believed the disease was different from the former type. It is now the asthenic form. The lancet would not do. He doubted the utility of quinine. He believed the majority would get well without special treatment.

Dr. J. F. Hibberd, of Indiana, thought there was still room for the physician. He thought the paper gave excellent results, for the treatment proposed.

Dr. Scott, of Ohio, and others, followed, and on motion, the paper was referred to the Committee of Publication.

Dr. John Morris, of Maryland, read a paper on "The Effects of Remedies in Small Doses."

It was discussed by Dr. F. Woodbury, of Pennsylvania, in opposition to the views put forth, and, on motion, it was returned to the author, with permission to publish in some medical journal, as read before a Section of the Association.

The Section then adjourned, to meet on Wednesday at 3 P. M.

WEDNESDAY, JUNE 6TH.

Section was called to order at 3 P. M., by the Chairman.

Dr. Henry I. Bowditch, of Massachusetts, exhibited an "Appliance to Enable Asthmatic Subjects to Sleep in a Sitting Posture." Dr. Bowditch mentioned a number of cases in which this appliance had been of great efficiency. The inventor of the apparatus is Dr. George E. French, of Portland, Maine. Dr. Squibb, of New York, moved that a cut of the apparatus exhibited by Dr. Bowditch be inserted in the proceedings of the Section, and the paper was referred to the Committee of Publication.

Dr. N. S. Davis, of Illinois, read a report on "Clinical and Meteorological Records." The essay was of a highly interesting character, as it treated of a new departure, probably, in the method of combating disease. Dr. Davis stated that for several years a strong effort had been made to induce practitioners generally, but especially those at points where there were signal service stations, to keep clinical reports of the origin of the cases under their observation, as nearly as possible. At the same time it had been hoped to induce the Signal-Service Bureau to add to its facilities, apparatus, and reports, such matters as should enable its observers to keep an accurate and full report of ozonic and electrical conditions in this connection. The chief of the bureau had promised to make the experiment, but had been unable to do so to any extent as yet. The great object of the experiment was to draw parallel lines by which could be ascertained what relation exists between meteorological conditions and the origin of disease. The books were vague on this great subject of inquiry; some referring the origin of a particular disease to heat, some to cold, some to microscopic spores, and to various other causes. At best, all the information was vague; something better was needed, as a basis for investigation. Dr. Davis reported that, although a perfect, or even comprehensive, system of records had not been organized, still, at several points—Chicago, Cairo, and Davenport—both chemical and meteorological data had been collated for several years.

The conclusions of the paper were, briefly, that the bowel affections so peculiar to temperate climates begin invariably their annual prevalence with the occurrence of the first week of continuous high summer temperature; and that every subsequent occurrence of several days' duration is also accompanied by high temperature. An increase is noticeable in July, and a decrease in August, with a still greater decrease in September. The disease depends not so much upon the degree of heat as its duration. A high degree of heat, to be efficient in producing any of these troubles, must follow a protracted season of cold. The paper closed by showing that the mortality tables bore out the results obtained by the recording of clinical and meteorological records, as far as collated. The paper was referred to the Committee of Publication, with the request that Dr. Davis should continue the report.

This report was discussed quite fully by the Section.

Dr. Charles Denison, of Colorado, read a sup-

plemental report of "Cases Showing the Influence of Colorado Climate on Consumption." Dr. Denison's argument gave a large amount of statistical information concerning the history of Colorado as a sanitarium. A very full record of six unfavorable and six favorable phthisical cases was given, by way of illustrating the effects of the climate upon patients, differentiated by variety of affection. The conclusion reached by the essayist most interesting to the general public would seem to be, that he believes the generally-accepted idea that consumption can only be successfully treated climatically during its first stages is not an absolute truth: "The truth is, the systemic influence of extensive disease in the first is often much greater than slight inroads of phthisis in the third stage." The favorable influence of high altitudes in phthisis is best shown in the incipiency of chronic inflammatory and hemorrhagic cases, and in others in proportion as these are characteristic. The unfavorable influence of high altitudes in phthisis is shown as the disease approaches or is complicated with the following conditions: Cardiac disease associated with increased labor and abnormal activity; the stage of "softening" in acute cases (especially with uniformly rapid pulse and high temperature), associated with extensive deposit, variable nervous state, and lack of courge to do, in order to be well. The following medical gentlemen discussed the paper: Dr. Bowditch, of Mass. (who did not deem it advisable to send patients who had reached a certain stage of phthisis, away from home. In cases where the disease had not become deeply rooted he advocated a climatic change); Ulrich, of Pa.; Benton, of Cleveland; Kingsley, of St. Louis; and Scott, of Ohio. It was then referred to the Committee of Publication.

The section then adjourned to meet on Thursday.

THURSDAY, JUNE 7TH.

The Section met at 3 P.M., and was called to order by the Chairman.

The address of the Chairman, Dr. P. G. Robinson, as delivered before the general session of the Association, was discussed, and, on motion, referred to the Committee of Publication.

Dr. Henry A. Martin, of Massachusetts, read his report as a Special Committee on Bovine Vaccination. He spoke of the superiority of bovine over humanized vaccine matter. But to provide bovine matter involves large expense, and is unremunerative, even at high prices. He thought State governments ought to keep stables for the production of the bovine matter. He had for several years maintained such an establishment without profit. He wished to create no sensation, but it was a fact that syphilis had been sometimes transmitted by humanized virus. The bovine matter insures absolute purity. During the great small-pox epidemic in Boston, in 1872–73, the city authorities, who were hostile to him, undertook to use humanized virus, but there was so general a protest that they were obliged to buy eighty-four thousand points of his bovine matter. Besides this, Dr. Martin vaccinated twelve thousand persons himself. He had known persons vaccinated with the humanized matter to have the small-pox, but he never had known of a person who was vaccinated or revaccinated with bovine matter to have the small-pox.

The paper, being of great length, after some discussion, was referred to a Special Committee, consisting of Drs. Bowditch, Wheeler, and Wigglesworth, all of Massachusetts, to report to the Committee of Publication.

Dr. L. D. Bulkley, of New York, read a paper on "The Recognition and Management of the Gouty State in Diseases of the Skin," which was discussed, and referred to the Committee of Publication.

Dr. Frank Davis, of Illinois, read a paper on "The Study of 965 Cases of Pulmonary Disease."

The paper was discussed and referred to the Committee of Publication, and Dr. Davis was requested to continue the study and report at future meetings.

Dr. Geo. E. Walton, of Ohio, read, by title, a paper on "European and American Climatic Resorts." As the charts belonging to the paper were only delivered during the session, by the Express Company, the paper was referred to a Special Committee consisting of Dr. W. H. Giddings, of South Carolina, to examine and report directly to the Committee of Publication.

The Section then adjourned finally, after a vote of thanks to the officers.

(To be Continued.)

EDITORIAL DEPARTMENT.

PERISCOPE.

Cure of Intussusception.

At a late clinic at St. Bartholomew's Hospital, London, Dr. Southey narrated the case of a young woman who had been attacked three days before, on board ship, with great abdominal pain, complete obstruction of the bowels, and vomiting, becoming fecal. She had been treated by the ship's captain with ten grains of calomel and one scruple of jalap powder every two hours. This occurred during a menstrual period, and suggested possibl

obstruction from pelvic hæmatocele; examination, however, did not confirm this idea. She was evidently very ill. The rectum was emptied by enemata; no obstruction could be felt by the finger; the loins were hollow and resonant, and the hypogastrium hard, indicating an empty colon and loaded small intestines. The long tube was then passed, but was soon arrested by an obstruction (very probably the promontory of the sacrum); only a little fluid could be injected, and that caused great pain. It was proposed to the patient to administer chloroform before proceeding further, but she declined it. The question of abdominal section was proposed, but it was decided to try the following plan first. The patient was placed in the genu-pectoral position, the tube again inserted, and the anus held closely around it. A syphon-bottle of soda-water was then connected with the tube, the bottle being placed in hot-water to increase the elasticity of the gas contained in it. On opening the valve of the bottle, and allowing the gas and water to ascend into the rectum, enormous abdominal distention and severe pain resulted. Two syphons of soda-water were thus used. The patient then felt "something give way or burst," and copious action of the bowels followed. Probably some band of adhesion gave way, or a twisted portion of intestine was unfolded. In two days the patient was well enough to undertake a journey. No medicine was used, except subcutaneous injections of morphia. The plan was recommended two years ago in one of the French reviews, and it seemed preferable to the simple injection of fluid, the elastic gas forcing its way more easily than fluid would do.

On Disinfection by Heat.

In a late address, Dr. Seaton, of London, says:—

In disinfection by heat we have two objects to accomplish, viz: 1, to insure the materials being raised throughout to a temperature that can be depended on; 2, to do this without singeing the goods. Penetration takes place much more easily when the article is dry; a horsehair pillow with the normal amount of hygrometric moisture requires to be heated for eight hours. White wool, linen, cotton, silk, and paper may be heated to 250° F. for three hours, without apparent injury. A heat of 295° F., continued for about three hours, singes white wool (and less so gray), white cotton and white silk, white paper, and linen, but does not injure their appearance materially. For penetration of heat into a bed an exposure of eight hours is required; 250° F. is the best and safest maximum heat to use.

It would appear, from the samples exhibited by Dr. Seaton (1) that good bed-covers, such as are used in hospitals, bear at least six bakings without material change in aspect; (2) that a slight and gradually increasing brownish tinge, the result of many bakings, occurs, and after a time their appearance and strength are undoubtedly injured; (3) that blankets are less changed. One sample, which in the period of three years had been baked thirty times, and washed as often, was only slightly changed in color, and none the worse in other respects than one of the same age that had only undergone the same number of washings. The bedmaker who has worked for the Nottingham Borough Disinfecting Institution for thirty years, says, that since the stoving began he has not used more material for covering beds than before. The injury caused by periodical stoving of bedding, etc., such as that described above, does not amount to more than may be called fair wear and tear. At the Borough Disinfecting Station, beside bedding, etc., many articles of dress, some of delicate fabrics of considerable value, are stoved. In no instance has there been any damage to the articles.

Intestinal Obstruction Treated by the Induced Current.

M. Giommi (*Centrablatt*, No. 30, 1876), gives an instance of the benefits of electricity in intestinal obstruction in the case of a man, aged fifty-one, who, up to the time of his illness, had always been strong and well. He had had complete obstruction for some weeks, and was almost moribund when the idea struck M. Giommi that the cause of the evil lay in atony of the walls of the bowel. He accordingly applied a strong induced current several times during two days, each time for ten or fifteen minutes. One electrode was introduced into the rectum and the other applied to the abdominal wall, in the course of the transverse colon. The result was marvelous; copious stools followed the free escape of gas, and after a few days the patient left, quite well.

Therapeutic Uses of Eucalyptus.

In his "*Clinical Studies*," Sir John Rose Cormack makes some remarks upon a therapeutical agent, but little known in this country—viz., the eucalyptus globulus. In simple uterine catarrh, Sir John Rose Cormack says that he does not know of any remedy equal in value to preparations of this plant. "In such cases," he continues, "I have several times, with most satisfactory results, simultaneously administered them by the stomach and in the form of injections. As Gubler has shown, the anti-catarrhal virtues of eucalyptus are most remarkable. With increasing experience of its power, I more and more employ it in bronchial, vesical, and uterine catarrh, in gonorrhœa, and in gleet." An infusion (½ ounce to 2 pints), or a tincture (1 ounce to 1 pint of rectified spirit) of the leaves, or the essential oil given in capsules, are the preparations ordinarily employed. As a gargle or vaginal injection, and for external application, the infusion, or the tincture diluted (one drachm to six or eight ounces of cold or tepid water),

may be used. Besides these therapeutic uses of the eucalyptus, the author adds his very favorable experience of its remarkable power of destroying the fetid odor of morbid discharges *without the substitution of another unpleasant smell.* He speaks from an extensive trial of eucalyptus lotions in horribly offensive discharges in cases of ozæna, cancer of the tongue and throat, cancer of the uterus, gangrene, and other affections attended by fetor.

The Condition of the Cervix in Pregnancy.

At a meeting of the Obstetrical Society of Edinburgh, Dr. Underhill stated that there could be no doubt, he thought, that it was now conclusively proved that the cervix was not taken up to form part of the uterine cavity during the latter months of pregnancy. His experience, therefore, was directly the reverse of Dr. Gordon's. Having lately examined several women in the last month of pregnancy, he had found the cervix not at all shortened, and retaining its individuality as distinct from the body of the uterus. In multiparous women he had always found the internal os uteri more patent than in primiparæ. It was practically easy, in examining a patient, to distinguish between the cervix and uterus itself, the former having somewhat the feeling of a piece of wet wash-leather; the latter being thick and hard. He had lately seen a case of labor in which the internal os was just beginning to open, yet the cervix was about an inch in length. Delivery was effected about fourteen hours after he had first seen the patient. In this case the cervix had not begun to open until twenty-four hours before the child was born. The function of the cervix being to transmit the fœtus, was totally different from that of the uterus.

Idiopathic Tetanus Successfully Treated by Bromide of Potassium.

Dr. Southey read before the Clinical Society of London notes of a case of idiopathic tetanus, which occurred in a boy ten years of age. The first symptoms of trismus were observed two days after a severe fright and drenching, due to the upset of a water-butt. They steadily exacerbated, up to the date of his admission into St. Bartholomew's Hospital, upon the eighth day of his illness, when the paroxysms of general opisthotonos seized him at intervals of nearly every three minutes. Usually, when the spasms began, he uttered a short gasping cry. Each attack lasted from fifteen to thirty seconds, and although between the seizures the muscles of the trunk became less rigid, those of the neck and jaw were maintained in constant tonic cramp. The patient was treated, at first, with chloral, ten grains, and bromide of potassium, twenty grains, every two hours; and afterward with the bromide alone, in sixty-grain doses, every hour and a half. When about two ounces of the bromide were taken in the twenty-four hours, the attacks became less frequent; but, at first, each separate seizure was rather more severe; and upon the evening of the eleventh day he was able to open his mouth better. On the thirteenth day the bromide was decreased to twenty grains every three hours, and on the fourteenth day was discontinued altogether. When the bromide had been omitted for twenty-four hours, the attacks returned at intervals of an hour, and the permanent rigidity of the muscles of the neck was re-established. His condition now steadily became worse, so that, upon the eighteenth day of illness, it became necessary to revert to the previous large doses (a drachm and a half) every hour and a half. After three such doses the expression became more natural, and he was able to open his mouth again; but it was not till the twenty-fifth day of the disease that it was possible to discontinue the remedy. The patient remained in a state of remarkable prostration and drowsiness, sleeping the twenty-four hours round, and only waking up to take nourishment, for eight days, and passed all his evacuations under him. He subsequently steadily and rapidly convalesced. The bromide produced no acne or other objectionable symptom, and certainly appeared to exert marked inhibitory influence upon the tetanus.

Gout and Chronic Rheumatism.

In a recent clinic at the London hospital, an elderly hemiplegic man, the subject of chronic arthritic rheumatism, presented the latter affection only on the paralyzed side, the joints here being much distorted, while those on the other side were comparatively free from disease. In his remarks, Mr. Hutchinson said this would seem to indicate that a limb the subject of nerve-lesion is more susceptible to chronic arthritis than other parts. Gout is chronic rheumatism made special. Some condition of the system is added to the simple rheumatic condition, as manifested by the presence of lithate of soda in the blood and in the seat of inflammation. It is generally accompanied by a bad digestion, and at least a functional disturbance of the kidneys, and very often by organic renal changes, so that lithic acid tends to accumulate in the blood. Again, gout is probably chronic rheumatism *plus* a dietetic derangement. Arguments in favor of this view are found in tracing the family history of cases. In most instances of gout, the family history will show chronic rheumatism in some members, frequently on the female side, the males being liable to fully developed gout with chalky deposits. In seeking to ascertain whether a case of chronic arthritis was true gout at its commencement, inquire as to the duration of the primary attack, whether it lasted a short time, and was acute in its course, or a longer time in a chronic condition; whether one joint was long attacked, the inflammation lasting many weeks as in chronic rheumatism, or whether the

early attacks were acute on the various occasions, attacking different joints; particularly inquiring whether the first onset was an acute inflammation of the great toe. True gout may be inherited, and thus the tendency to its development inherent to the individual, or it may be acquired by him as the result of his habits; the latter class are usually in early life full eaters, with good teeth and vigorous digestion.

Milk Diet in the Treatment of Amenorrhœa and Obesity.

The *Medical Press and Circular* says—

Professor Tarnier has been induced to try milk diet as a remedy for the above complaints, from having observed the good effects produced in a patient suffering from Bright's disease, and being subsequently consulted by a young lady with albuminuria, great tendency to embonpoint, and with whom menstruation was arrested for some months. M. Tarnier's opinion was asked whether she was *enceinte*, but he found no symptoms of pregnancy, and advised the strict employment of a milk diet, as a remedy more for the albuminuria than for her stoutness. He did not see his patient for some months, and when she consulted him again she presented the appearance of health, and had so diminished in size that he did not recognize her. She told him she had followed his prescription rigorously, experiencing rapid improvement; the urine lost its albumen, the excessive obesity disappeared, and as she grew thinner menstruation became reëstablished. Some time afterward M. Tarnier was consulted by another lady, not suffering from albuminuria, but from obesity with arrested menses, and he advised a similar regimen. In her case, as in the preceding one, there was rapid improvement, the obesity disappeard, and menstruation returned. It is impossible to draw conclusions from two cases, but there can be no doubt of the efficacy of milk in the treatment of the albuminuria of pregnancy. M. Tarnier is very particular in the mode of administration of the milk, and requires from his patients the exact observance of the diet he lays down for them.

A New Sign Indicating Respiration in the Newly-Born.

The following is an abstract of a paper by Dr. Gelli, in the *Lyon Medical*, quoted in the *Doctor*:—

In the fœtus the tympanic cavity is closed; the middle ear, deprived of air, is full of a gelatiniform magna, constituting a distinct tissue analogous to the marrow of bone.

If the magna be placed under a jet of water it does not stir, the mass is not disintegrated; the forceps crushes it, but cannot draw it. It is a fine woof, composed of young elements analogous to those found in mucus of rapid evolution, and traversed by numerous blood capillaries. Despite a very advanced putrefaction, in many cases its presence has been established twenty days after death.

When the fœtus has died during parturition, before respiring, the tympanic cavity is occupied and filled with the same gelatiniform magna; but the mucus is then dense and developed in a characteristic manner. The vascularization is exaggerated; the hemorrhagic aspect and the liquefaction of the contents of the cavity point to asphyxia in the passage; the absence of air proclaims death before respiration.

At birth the first movements of respiration greatly modify, and almost instantaneously alter the characteristics of the ear in the fetal state. The gelatiniform magna, formed by a hypertrophic development, and, like œdema of the tympanic mucus, disappears by the retreat of this mucus; the tympanic cavity, closed in the fetal state, becomes open, and air penetrates it by the Eustachian tube.

To sum up, then:—

1. In fetal life the middle ear is occupied by a mass (gelatiniform magna) resembling the marrow of bone; the cavity is closed, and contains no air.

2. In death from asphyxia the vessels of the magna are distended, there are evidences of hemorrhage, the magna itself is liquefied; but the tympanic cavity, still closed, contains no air.

3. In death after respiration has taken place the middle ear is open, the magna is absent, the cavity contains air.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Transactions of the State Medical Society of Arkansas, at its Second Annual Session (pp. 53, Little Rock, 1877), contains the proceedings, the President's address, and necrological notices. No scientific papers or reports are included.

——Dr. A. P. Carr, of Pennsylvania, reports, in a reprint sent us, some forty cases of lithotomy which he has performed in Schuylkill county. It is an instructive showing of lithic surgery.

——The forced resignation of Dr. J. Marion Sims from the Woman's Hospital, New York, has led to some very bitter language between him and his former associates, Drs. Peaslee, Emmet and Thomas. Dr. Sims, in a pamphlet lately sent us, frankly confesses to hasty and unconsidered action in some respects, and this candor prompts the impartial reader to feel that if it had been met in the proper spirit by the

other side, this unfortunate controversy would never have arisen.

BOOK NOTICES.

Medical and Surgical Reports of the Boston City Hospital. Second series. Edited by David W. Cheever, M.D., and F. W. Draper, M.D. Boston, 1877. pp. 316.

The value of hospital reports, when properly prepared, upon subjects of general interest, cannot be over-estimated. The volume before us is the second which has been produced by the staff of the Boston City Hospital, and is more interesting to the mass of the profession than the first one. Too often the temptation in such reports is to throw at the head of the reader a book filled with columns of figures and pages of numerals, collected by the clerks from the hospital records, and of supposed value as "statistical information," instead of presenting a careful study of some common disease as shown in its local peculiarities, its response to various treatment, its special pathology, its anomalous features. This is what the position of hospital surgeon offers of unusual value, and it is what we expect to see made use of.

Such an article is that by Dr. J. G. Blake, on the treatment of empyema by permanent openings, in this volume. Nineteen cases are detailed, in which the thoracic cavity was opened and a tube inserted, fifteen of whom recovered, or were much relieved. Dr. R. T. Edes has an able paper on some diseases of the nerve centres, as intra-cranial syphilis, locomotor ataxia, and tumor of the spinal cord. Dr. J. Orne Green's article on diseases of the brain, with reference to inflammation of the ear, will be read with advantage, both by otologists and general practitioners. The use of cold bathing in a modified form in typhoid fever, has been tried by Dr. R. T. Edes in thirty-four cases, with a mortality of three; but which, he thinks, owing to some obscurity of diagnosis, should be reduced to thirty-two cases, with a mortality of one. Dr. Howard F. Damon publishes some clinical notes on erythema, a disease which we understand to be the one popularly called "hives," and which is an annoying constitutional trouble with many persons. The notes of cases of pleurisy and thoracentesis, by Dr. Hall Curtis, is an excellent complement to Dr. Blake's paper above referred to. The significance of pus in ovarian fluid is studied by Dr. J. R. Chadwick, who concludes that it results from chronic ulceration of the cyst wall.

The titles of other papers in the volume are: "A Description of the Hospital," by Dr. E. Cowles; "Unusual Operations on the Genital Organs, by Dr. D. W. Cheever; "Compound Fractures," by Dr. G. W. Gay; "Albuminuric Retinitis," by Dr. O. F. Wadsworth; "A case of Large Renal Calculi, by Dr. C. E. Stedman; "Excision of the Elbow Joint," by Dr. D. W. Cheever; "Sclerosis of the Spinal Cord," by Dr. S. G. Webber; "Surgical Abstract," by Dr. D. W. Cheever; "Cases, with Autopsies," by Dr. W. P. Bolles; and "Statistics of Major Amputations," by Dr. B. F. Gorman.

Surgical Observations, with Cases and Operations. By J. Mason Warren, M.D., Surgeon to the Massachusetts General Hospital, etc., Boston, 1867. Cloth, pp. 630. Price $3.50. For sale by J. B. Lippincott & Co., Philadelphia.

To notice a book ten years after its publication is unusual. But as this volume by the late eminent Dr. Warren, of Boston, has never before been placed in the trade, that fact and its own merits justify this late attention to it. Handsomely illustrated with chromo-lithographs, and on excellent paper, the few copies that were sold were at $10 each. As seen above, a very marked reduction in price is now made.

The book is divided into fourteen chapters, nearly all made up of histories of operations extending over nearly all the domain of surgery. General observations on the relative advantages of surgical procedures are added, which perhaps we are right in pronouncing the most important feature in the volume, for Dr. Warren's judgment was as clear as his experience was wide. Nevertheless, in some points, for instance, in his disparaging remarks on the use of caustics in malignant growths, he does not respond to the growing opinion in the last decade.

The last chapter, that on anæsthetics, is of peculiar historical interest, for there Dr. Warren speaks of very mooted historical matters, *quorum, magna pars fuit*. Of course, his preference for ether is pronounced, and his condemnation of chloroform is decided.

In fine, although this cannot be called a new book, every surgical reader will find himself well satisfied, after its perusal, with paying the moderate price at which it is now offered.

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THE RUSSIAN MEDICAL STAFF.

Since the Crimean war the Russian army has vastly improved in all its branches, and in none more than in its medical staff. At that time the ignorance and indifference of the average Russian army surgeon was a matter of ridicule to his French and English brethren in the art. But now all is changed. In time of peace, though in active mobilization this past winter, the Russian army sick returns show that the proportion of sickness of all sorts to effective strength was usually but little over one per cent., and nearly one-fourth of the men thus disabled were so from venereal diseases, which cannot be attributed to defective general sanitation.

In fact, this latter is very perfect. The greatest cleanliness is observed; the troops are drilled and marched so as to ensure the best muscular development without exhaustion; the rations are in good condition, varied and sufficient, and the most approved means of protection from the weather are provided.

Dr. Prisselkow, an inspector of the military sanitary service, has suggested the use of the felt Kirghiz tent (*kibitka*) for hospital use in the field, in preference to the ordinary ambulance tent. The advantage of the suggestion appears to have been recognized at once by the Russian authorities, as regards alike the comfort of the sick and wounded, the greater readiness with which the tent admits of carriage, its less weight, and it would seem, also, its less cost.

Hospital provision of all kinds, for permanent, temporary and "flying," has been liberal and intelligent.

The part which the medical staff of the army have played in bringing about its excellent sanitary state is the subject of high praise with the Russian journals; and the admirable conduct of the younger members of the staff, fresh from the medical schools, and isolated in widely scattered ambulances, away from the support and advice of their seniors, is especially a theme of approbation. All leads to the conclusion that the medical and sanitary service of the Russian army in the present campaign will quite equal that of any other civilized nation, not excepting our own, which, at the close of our civil war was certainly the most perfect then in existence.

Late advices state that very many medical men from Italy, Germany and France have offered their services, but they have been informed there is no need for them at present.

Notes and Comments.

The Preservation of Ergot by Benzoin.

"Toward the end of the year 1874," writes M. Mourrut, in the *Journal de Thérapeutique*, for May, 1877, "I reduced to powder 100 grammes of ergot, healthy and carefully picked; fifty grammes of this powder was placed in a very dry bottle, the rest (carefully mixed with five per cent. of its weight of powder of benzoin) was placed in a similar bottle. The two flasks, simply closed by a paper covering, were placed in a laboratory, in a very changeable at-

mosphere, sometimes dry, sometimes very humid; and after being fourteen months in this place, they were examined. The benzoinated one appeared to me physically to possess all the properties of ergot, whilst the contents of the other flask was only a nasty mass, teeming with a world of parasites."

The powder thus prepared has been already employed with success by many accoucheurs; Drs. Desruelles (Paris) and Noac (Lyons) have used it for two years. The antiseptic properties of benzoin may thus be utilized in the preservation of the powder, without injuring its properties.

Treatment of the Cattle Plague.

Two interesting papers on the "Prevention of Cattle Plague" have been published in *The Live Stock Journal and Fancier's Gazette*, by Dr. Peter Hood. The writer has great faith in sulphate of iron as a preventive against, and a remedy in, the disorder, and cites several cases of its successful employment, which go far to convince us of the efficacy of the treatment, and which should certainly induce others to give it a fair trial. The sulphate may be given either in solution or in the form of a powder. Dr. Hood is inclined to the opinion that cattle plague sometimes has a spontaneous origin, and that "a hot summer, followed by a wet autumn, a mild winter, and a damp spring, with constant fluctuations of temperature, constitute a chain of circumstances highly favorable to the production, not only of cattle plague, but also of many other diseases."

The Abuse of Medical Charities.

This subject, lately discussed by several writers in our own columns, is also exciting considerable attention in England. A Committee of the Liverpool Medical Society appointed to consider the matter lately reported to this effect:—

"They consider that public charity is greatly abused by persons receiving it who are quite in a position to contribute something toward obtaining medical attendance; that the multiplying of charitable institutions, by producing separate interests and requiring separate buildings and staffs, involves a waste of public money which might be better applied to maintaining the great leading charities in a highly effective condition; that with the present diffuse mode of administering medical charity, no systematic inquiry into the circumstances of persons applying for it is made; that its indiscriminate distribution tends to destroy the self-reliance of the working classes, and to encourage improvidence and pauperism; that, in consequence of the number of unsuitable cases applying for treatment, the medical officers are unable to devote sufficient time to really serious cases, while it greatly hinders the scientific study and treatment of disease."

The Relation of Chorea to Muscular Habits.

Dr. O. Sturges, of London, remarks in a recent lecture, the repetition of the same chorea is analogous to this repetition of all muscular acts whatever, good or bad, even those for which there is but infrequent occasion. There are persons with no other impediment of speech who will invariably stumble over the same word when met with in a particular connection. I know a clergyman with perfect fluency of speech who will thus falter before two words, not in themselves difficult, occurring annually in a collect of the English Liturgy. It is the same with peculiar attitudes in adults as with chorea in children; only with these latter the muscular instability tends to grow weaker on each repetition, as their power of control strengthens. Successive attacks are of decreasing severity, until, as it is very aptly expressed, the child "grows out of them."

A New Function of the Liver.

In 1861 Professor Schiff performed a series of experiments on mammifera by ligature of the vena portæ, which led to a curious result. In from half an hour to two hours after the ligature had been rapidly applied the animals fell into a state of "enormous" depression, much resembling the condition produced by a very active narcotic substance. Death supervened in from one to three hours and a half after the operation. After the consideration of various hypotheses in explanation of this result, Professor Schiff admitted as the most probable that the economy of the mammifera always produces, as the result of the retrogressive metamorphosis of some of the tissues, a very energetic narcotic or poisonous substance, which is destroyed again in the liver, to which it is conducted by the venous circulation. After the ligature of the vena portæ this substance accumulates in the body. Since the account of these experiments has appeared, their results have been con-

firmed by many observers, none of whom, however, admit the justice of the hypothesis. No other plausible explanation has, however, been suggested. Both nicotin and hyoscyamin seem to be neutralized by this action of the liver.

The Urine in Dysyepsia.

In his late book on "Nutrition in Health and Disease," Dr. James Henry Bennet, the author, attaches much importance to the simple ocular inspection by dyspeptics of their own urine a few hours after taking food. "If it becomes turbid, the thermometer being under 50° or 60°, they may be certain that they have not perfectly digested the previous meal; that there is 'something wrong;' that there is a cloud on the horizon. Either they are getting out of health, and the digestive functions are depraved, or there has been too much exertion of mind or body, or the meal has been an error as to quantity, quality, or time. In the one case the alarm should be taken, and the health attended to; in the other, the error should be ascertained and avoided."

Relation of Diseases to the Healing of Wounds.

A French naval surgeon, M. Rochard, in a recent paper, describes the mutual relation of endemic maladies to traumatic influences. During the healing of a wound in a patient who has at some previous time suffered from intermittent fever, the intermittent frequently again shows itself. It would, perhaps, be more correct to say that its influence on the traumatic fever gives it an intermittent course—a phenomenon to be observed with regard to other febrile affections occurring in the subjects of intermittent, as is well known. But it is to be remarked that the more intense febrile disturbance hinders the cicatrization of wounds. Chloro-anæmia with œdema is still more prejudicial, and some authors have ascribed solely to its influence the phagedenic ulcers of warm countries. Affections of the liver have been stated by Verneuil to increase the gravity of wounds, but M. Rochard has been unable to discover any confirmation of the assertion.

Athrepsia.

By this new word, Professor J. Parrot, of Paris, in his late book on Diseases of Infants (*Clinique des Nouveau-nés*), includes a variety of diseases, such as diarrhœa, vomiting, thrush, buccal and cutaneous ulcerations, convulsions, and also trismus. He differs from previous authors in attributing them to one common cause, and goes in advance by grouping them under a single name, and as various stages of a common disease; "its various stages are closely related, are governed and explained by a circumstance which is itself the very essence of the disease, viz., a profound interference with the nutritive function."

Dr. Parrot divides the evolution of athrepsia into three periods. During the first period the initial symptom is an alteration in the stools, which become more frequent and looser than normal, and at the same time the urine diminishes in quantity and becomes darker in color. In the second period, in addition to the above symptoms, which all become aggravated, the buccal mucous membrane becomes reddened and covered with white patches of thrush, the flexures of the joints are generally covered with an erythematous eruption, and there is general wasting. In the third stage the trophic disturbance is so great that a return to health is all but impossible, and the dried-up, wasted infant then acquires a characteristic appearance: the mouth looks large, the eyes sunken, the maxillary bones exceedingly prominent; the skin hangs in folds, is harsh and dry, and of a pale bluish tint. Life becomes gradually extinct.

Statistics of Diphtheria.

Some interesting general facts relating to this disease are given by a writer in the *British Medical Journal*. Diphtheria appears to be generally accepted as one of those diseases which have aptly been described as "filth diseases"; but there is a somewhat remarkable feature in its fatality, which distinguishes it from other diseases of this class. Unlike most other zymotic diseases, diphtheria is far more fatal in rural than in urban districts. Dr. William Farr calls attention to the fact that, of 1000 children born, 4.9 die of diphtheria in the whole of England and Wales, 4.4 in Liverpool, and so many as 10.3 in the healthy districts of England and Wales, which are exclusively rural. The numbers in a thousand born who die from all zymotic diseases, other than diphtheria, are 161 in all England and Wales, 281 in Liverpool, and but 115 in the healthy districts. Now, the annual death rate from all causes in the ten years, 1861–1870, was

22 5 per 1000 in England and Wales, 38.7 in the districts of Liverpool, and only 16.9 in the healthy districts.

Why diphtheria, which is one of the most distinctly contagious of all zymotic diseases, is so far more fatal in sparsely populated rural districts than in densely populated urban districts, would be an interesting subject for investigation. This is a fact which is continually being exemplified by epidemic outbreaks of diphtheria in rural districts and small villages.

The Physiology of Death.

That eminent teacher, Professor Claude Bernard, insists that there is no boundary physiological line between life and death. The formation of sugar in the liver is not a post mortem phenomenon. If sugar is more abundant in the liver after death, it is due to the fact that it is not carried away by circulation. "Take the liver of an animal," he says, "and lay it bare; the proportion of sugar is found to be 1 or 2 per 1000. Tie a portion of it so as to intercept the circulation of the blood, and the proportion is found to be 7 or 8. Take any other portion of the liver, except the one isolated, and the proportion is found to be 1 or 2. . . . When an animal is sacrificed," concluded Claude Bernard, "its nerves and muscles continue to act; the gastric juice and pancreatic juice continue to be secreted; the liver continues to play its physiological part. It is only when putrefaction begins in the organs that life ceases to manifest itself in the secretions. So that the properties of organs and tissues may, after death, be artificially investigated."

Localization of Cerebral Functions.

This favorite recent doctrine meets no favor at the hands of that eminent neurologist, Dr. Brown-Sequard. He closes a recent lecture on the "Physiological Pathology of the Brain" with these words:—"I think the facts I have mentioned amply establish—first, that very frequently a lesion of the brain in the zone where localizers place their pretended psycho-motor centres will produce paralysis, either where it should not appear, according to the doctrine of localization, or much more intense than it should be, considering that a more or less large part of the so-called psycho-motor centres has remained unaltered; secondly, that a lesion of convolutions outside of the zone of the pretended motor centres has often produced paralysis in the face, the arm, and the leg, contrarily to the doctrine of localization.

Correspondence.

Chloral in Eclampsia.

Ed. Med. and Surg. Reporter:—

If this little experience of a country doctor is of any benefit to the profession, you are at liberty to use it.

On the 23d of May last I was called to see Mrs. T., a rather fleshy woman, aged thirty-six, in her third confinement. I had seen this patient about a week previous, having been called in while passing her house, to prescribe for a pain in the stomach and general anasarcous distention of the lower extremities. Prescribing a remedy for the gastric disturbance, I left her with the assurance that the lower extremities would be relieved after her confinement, which she was expecting every day. I had attended her in her first labor, January 22d, 1875, at which time she was delivered of a still born male child. The death of this child I attributed to the fact that during the whole period of gestation the mother took but very little exercise. She afterward removed from the county, and about a year afterward was again brought to labor with a still-born child, the death of which was attributed by the attending physician to the same cause. During the period of gestation with the last child she took more active exercise, and at confinement was delivered, at 7 A. M., of a small but apparently healthy boy. There was nothing unusual about her labor, and she was cheerful, taking part in the conversation, and was left in as apparent good condition as a majority of patients after delivery. At 7 P. M., twelve hours after delivery, I was hastily summoned to see this patient, the messenger informing me that she was having fits. On my arrival at the house, about four miles from my residence, I found my patient with strong convulsive movements of the facial muscles and muscles of the extremities, and was informed by her attendants that this was the second and a very severe convulsion. Failing to procure either chloroform or ether, I felt that I was in very close quarters, with a responsible and dangerous case on my hands, and that the pulse, which was very weak and fluttering, forbade the use of the lancet

Being thrown entirely upon my own resources, and considering myself justified in using any remedy that offered a hope of success, I immediately dissolved what I judged to be ten grains of chloral hydrate in a small quantity of water, and injected it subcutaneously in the left leg. The convulsive movements soon ceased, and I was gratified beyond expression to see my patient begin to rally,

although nearly half an hour passed before she could control the muscles of deglutition, after which I administered the chloral, in combination with bromide of potash, about ten grains each every hour. There was complete blindness for over an hour, but no symptoms of a return of the convulsions until 7 A. M. of the 24th. She then informed me that the pain in her stomach was returning, and that she was getting blind again, precursor of a third convulsion. I commenced crowding the chloral and bromide, and the attack was warded off.

There was no return of the convulsions, nor any symptoms, after this period. It was not until three days after confinement that she realized that her labor had taken place. I saw the patient on the second day of June, and found her getting along fully as well as in previous confinements.

I attribute the good results in this case to the prompt administration of the chloral hypodermically. I was unable to examine the urine for albumen, from the fact that, from the first convulsion until forty-eight hours after, there was complete incontinence of urine.

JAMES MASTEN, M. D.

Westfield, Pa., June 8th, 1877.

NEWS AND MISCELLANY.

Aphorisms for Dispensers.

The recent mistake of both physician and dispenser which has been noticed in the daily papers, suggests a few cautionary hints to young men who are growing up in pharmacy.

Never dispense an article about which there is any uncertainty.

Never assume that you *know* that you are correct about an article of which there may be a doubt as to the nomenclature.

Never fail to cautiously ask for such information as may be obtained from the patient, if there be any probable oversight in the prescription.

If there be any doubt which cannot be thus solved, excuse yourself by stating that there will be some delay in preparing the prescription, and privately see the physician, who will be sure to appreciate your caution. Always remember that life is too precious to be risked through a lack of prudence.

"A Reseat fore the Sistum."

The following "Reseat" was given by a traveling doctor to an Indiana man, who paid him ten dollars for it and his advice:—

Sasaprile theard of..... 0℥
Wahoon theard of..... 0℥
Wild Cherney quartr of..... 0℥
One pint Alkhol.
2 pound of Shugr.
One pint of wattr.
Conmlit All.

pr dos one swaller 3 times pr dy Before Eating.

—Professor Esmarch, of Kiel, at the late Congress of German surgeons, drew attention to the fact that we are not warranted in dismissing every case of cancer as incurable where an operation cannot be performed. He recalled the history of a lady, who, when declared incurable, took arsenic, on purpose to destroy her life. She failed in her design, but cured her disease. He adduced, with illustrative drawings, a large number of patients the subjects of cancer or epithelioma, or of diseases indistinguishable from them, where large doses of iodide of potassium or of arsenic, had cured the apparently hopeless malady.

QUERIES AND REPLIES.

MR. EDITOR:—What remedies are usually inhaled with the best results in chronic bronchitis and tuberculosis?

Is oxygen artificially given with much benefit; if so, how prepared? J. W. P.

MR. EDITOR:—I have a case of exophthalmic goitre, of about three years' standing. I have tried many remedies without any permanent benefit. If you, or any of your subscribers, can tell me what to do, with some hope of relief, you will confer a great favor. J. A.

MARRIAGES.

ANDERSON—HINKLE.—On Tuesday evening, 12th ultimo, by the Rev. E. D. Ledyard, at the residence of the bride's parents, Mt. Auburn, Ohio, Dr. Joseph L. Anderson and Elizabeth Hinkle.

COWARDIN—STRINGFIELD.—On the 13th ultimo, by the Rev. George F. Wiswell, D.D., Dr. Thomas G. Cowardin, of Richmond, Va., and Miss Mary R. Stringfield, of Philadelphia.

DAVIS—HILT.—On the 22d ultimo, at the residence of the bride's parents, by Rev. James Y. Mitchell, of Lancaster, Pa., Dr. T. Rusling Davis and Sophie Hilt, both of Philadelphia.

PERKINS—VIELE.—On Tuesday, June 12th, at St. Thomas' Church, by Rev. Dr. Morgan, George Welles Perkins and Helen Frances, daughter of Dr. Augustus Viele, all of New York.

ROBINSON—BEMENT.—At "Wynnetun," Staten Island, June 26th, by Rev. S. H. Tyng, Jr., D.D., George W. Robinson, M.D., and M. J. Wotherspoon, daughter of the late Edward Bement.

SHARP—BEATTY.—June 5th, 1877, at the residence of the bride's mother, Lancaster, O., by Rev. T. W. Stanley, Joseph Sharp, M.D., of Sugar Grove, and Miss Olive V. Beatty.

DEATHS.

FEGELY.—On the 14th ultimo, Mabel, infant daughter of Dr. M. B. and Sallie A. Fegely, aged eight months and seventeen days.

GORDON.—On Monday, 18th ultimo, in New York city, of heart disease, Adlenia M., wife of Dr. L. J. Gordon, and daughter of John W. Morton, aged thirty-two years.

MILLS.—On the 20th ultimo, Walter E., son of Dr. Thomas L. and Imogene L. Mills, in the eleventh year of his age.

RHOADES.—Suddenly, of angina pectoris, June 20th, at his residence in Syracuse N. Y., Sumner Rhoades, M.D., in the sixtieth year of his age.

SMITH.—On Friday morning, June 22d, 1877, Adelaide Buchanan, youngest daughter of Dr. William H. and Anne S. Smith.

WEST.—In Philadelphia, on the 15th ultimo, Franklin West, M.D., in the twenty-sixth year of his age.

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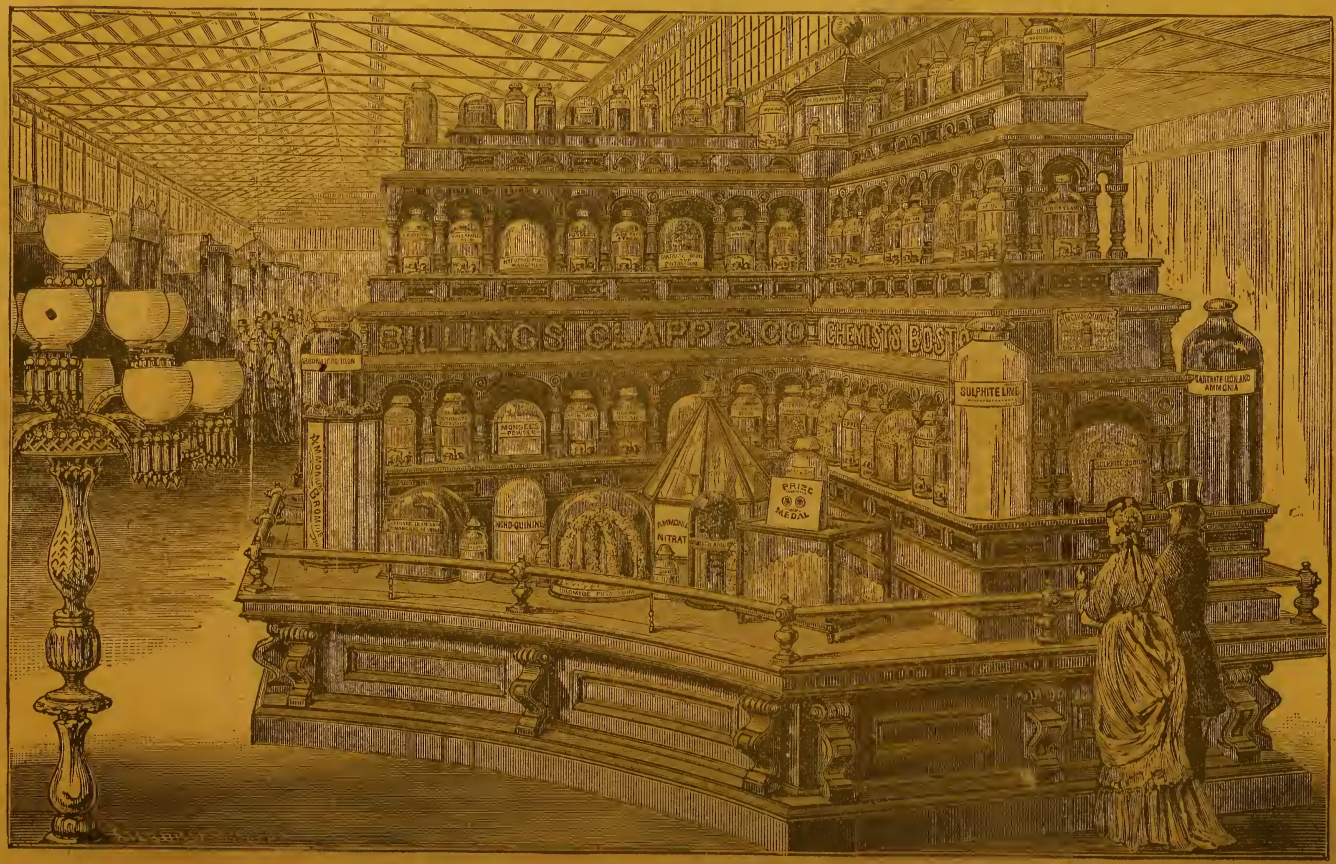

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Communications.

A CLINICAL STUDY OF THE RELATIONS OF MELANCHOLIA TO INEBRIETY.

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Careful inquiry into the etiology and symptoms of many cases of inebriety indicate an intimate association with melancholia, in both its earlier and latest stages. Often the symptoms and exciting causes are identical, and the termination in either inebriety or insanity seems to be the result of peculiar favoring conditions, that are obscure.

The following case is an illustration. Two children, born of healthy parents, were brought up under similar circumstances, and seemed apparently free from any hereditary tendencies to disease. On reaching middle life, the one became melancholic and demented, and died of epileptic convulsions; the other, at about the same age and in similar surroundings, became an inebriate, drank recklessly for three years, and died of alcoholic phthisis. They were both in good health up to this time, and singularly free from surroundings that would encourage these disorders.

Melancholia appeared in both cases in the early stages; one diverged to inebriety, and the other to insanity. The presence of melancholia in the different stages of inebriety, and their frequent association as both cause and sequelæ furnish presumptive evidence of similar causes. Further inquiry into the symptomatology of inebriety and melancholia reveal conditions of psychical and mental debility, such as general depression and indifference to exertion, or a constant sense of general fatigue, often accompanied with delusions of disease; the emotions are changed, becoming excitable, impulsive, erratic, or indifferent to the usual influences; and a sense of want, void, or pressure, pervades the system like a cloud. The organic functions of the body are likewise changed, become less active and manifest perversions. These early stages vary in degree, are often obscure and not prominent, and very commonly disappear under the influence of stimulants. Some of the exciting causes of this condition are recognized, as idleness, unhealthy surroundings, alternate excitement and depression, changes of business, sorrow, joy, etc. Stimulants in these early stages suspend or check these symptoms, and are taken, unconsciously, to meet this want.

This stage of the disorder is strangely called a vice. In many cases these earlier stages of depression are intermittent, recurring at variable intervals, with more or less intensity. A common early symptom which is seldom recognized, is a sense of fatigue and general debility in the morning, which cannot be traced to appreciable causes. This may increase, and be manifested in the patient's desire for medication, or in a listless, indolent manner, and want of ambition, etc. The following is a typical case:—

H., born of wealthy parents, in the midst of active business, and in apparent good health, perfectly temperate. He began to complain of fatigue in the morning, although sleeping

soundly at night, and eating well. He lessened his business, took more rest, and followed an active course of medication without relief. The early symptoms of fatigue merged into general depression, which was indefinite and vague; his mind was restless, but his general health seemed good. Finally he began to drink, with complete relief, and eventually became an inebriate. These early symptoms indicated the approach of melancholia, although it diverged to inebriety.

Clinical experience has established, beyond doubt, that all cases of inebriety are cerebro-psychical disorders, and that their origin may date from a single glass of liquor, or from the time the first toxical effects from alcohol are produced. In the former case the organism may be in such a condition that alcohol will permanently derange the cell activity and formation, and both awaken and give direction to diseased tendencies that are lasting.

The following is an illustrative case:—

A., a temperate farmer, free from inherited disease, was extremely agitated at the supposed death of a son, and in his grief was persuaded to take a glass of brandy, from which he became a paroxysmal inebriate. After this first glass, whenever excited or depressed, the appetite for liquor was uncontrollable; probably some brain lesion was produced at the time the brandy was taken, from which he never recovered.

In the latter case there can be no question that the toxical effects of alcohol, in the first instance of intoxication, permanently impressed the brain and nervous system, shaping or exploding diseased tendencies, or developing conditions that are manifest in inebriety. A positive taint seems to follow, affecting both the function and organism, from which all further perversions can be dated. Unlike all other poisons, some unknown conditions are produced in the organism, which predisposes to a recurrence of the toxical effects. Whether this condition is one of debility, or lowered physiological action, seeking relief in stimulants, or perversion of cell activity from irritation, or diminished nutrition, is not yet clear. Every subsequent toxical influence from alcohol seems to intensify and increase these conditions.

Recognizing these facts, the varied pathological conditions which follow, manifest in inebriety, melancholia, dementia and other disorders, are both numerous and complex.

Our studies of this subject seem to have confirmed the following statements:—

First. Melancholia commonly precedes inebriety in the earlier stages, either as a symptom or condition, from both physical and psychical causes.

Second. Stages of melancholia are often associated with melancholia after the latter is developed, either as exciting cause or sequel.

Third. The presence and prominence of melancholia with inebriety indicates profound disorder and complications, and suggests the possible prognosis and treatment.

When melancholia is a prominent symptom of inebriety, there is often a history of insanity or neurosal disorder in the family; to this there are but few exceptions.

There are three general conditions from which inebriety usually begins: first, inherited tendencies; second, physical disorders; third, psychical changes and influences. In the first case there is a defective cell growth, and disordered condition of some organic function, with tendencies to great activity of certain organs and diminution of others; an unbalanced organism, wanting in steady, healthy brain and nervous power; perverted nutrient wants, organic lesions and nerve defects, with a constant tendency to stages of exaltation and depression; often they are emotional, impulsive, and extremely sensitive to surroundings, or indifferent and stupid, with low grade of vitality; congestions, neuralgias and functional nerve disorders exist constantly. Such are some of the general indications which forecast an inherited organism that is on the verge of disease, likely to develop into inebriety and insanity, in which melancholia is almost a constant symptom.

In the second case, where physical lesions cause inebriety, the history is more obscure, because the early symptoms are overlooked. Nutrient disturbances following many diseases have a common sequel in inebriety, such as diseases of the stomach, liver, brain, and spinal cord, protracted fevers from malaria, or other causes. In brief, all diseases or lesions of the body attended with excessive debility and anæmia seek relief in measures that counteract or relieve this condition.

The connection between inebriety and physical lesions is often very direct, and in nearly all cases melancholia is associated as a symptom. Inebriety frequently can be traced to psychical causes.

It is well established that profound disturb-

ances of the organism may arise from excitement, sudden, intense, or continuous; grief, sorrow, joy, and also changes of the atmosphere and electrical influences reacting in anæmia and inebriety.

These influences seem to act as a shock, suspending and altering healthy cell action with a natural expression in stages of melancholia. Inebriety follows, often, directly from these obscure causes; in others it seems to be secondary and go on over long probationary periods. Careful study of many cases show these causes to be very active, and often prominent where the stage of drinking is said to be a vice. These three general conditions precede nearly all cases of inebriety, and where they are not clear, the reasons may be found in our ignorance of the case and its history. Melancholia is commonly associated with inebriety, as an indication of the debility present.

A continuation of this low vitality, when it affects the nervous system and the higher cerebral organs, runs into dementia, idiocy, and death; when it diverges into inebriety the end is more precipitate and the complications greater.

The following illustrates the presence of melancholia with the early stages of inebriety. To make it clearer, we have selected three typical cases, originating in the different conditions mentioned above.

Case 1.—Inebriety from Inheritance, Beginning with Melancholia.

A.; father a naval officer (who died of intemperance, and whose mother was a hypochondriac), was a temperate man, and prominent as a school teacher. When twenty-eight years of age he began to feel, at intervals, periods of restlessness and gloom. He could not concentrate his mind, and seemed to lose interest in his work. This condition would come on rapidly, lasting two or three days, then disappear, and was termed neuralgia by his physicians. As these symptoms increased, he was treated for dyspepsia and other disorders, without relief. Two years later they had become quite prominent; medical aid failing he began to use "bitters," and was restored. From this time he resorted to stimulants on the recurrence of each attack, and finally became an inebriate. The prodromic stage was not recognized, and the incipient melancholia was attributed to trifling circumstances and derangement. Early recognition and treatment might have prevented these results.

Case 2.—Inebriety from Physical Lesions Associated with Melancholia.

B., an officer in the army, of healthy parents, a vigorous, healthy man, was wounded in the head by a shell, and laid up three months, suffering from meningitis; after recovery he began the practice of law; a year later he had periods of abstraction, and would go off abruptly by himself, giving as a reason his prostration and confusion of mind, which required meditation and rest. Later these periods developed into indifference to exertion and work, and seemed to follow over-exertion of any kind. Delusions of the presence of consumption filled his mind; these attacks lasted from ten days to two weeks, after which he recovered.

During the following two years he consulted many physicians, and took cough medicine, etc. Finally, he began to drink ale, with good results, then followed wine, whisky, etc.; the symptoms all disappeared, but he is to-day a chronic inebriate, alternately struggling to reform and relapsing again. The same obscure early stages existed in this case, which, if recognized, might have been successfully treated.

Case 3.—Inebriety from Psychical Lesions, Associated with Melancholia.

C., a prosperous merchant, in good health and temperate, lost nearly all his property by fire, and his wife was soon afterward drowned. The effect of these disasters threw him into a low nervous fever, from which he recovered slowly. He resumed business again and was prospered, but complained of low spirits and attacks of the blues," which he affirmed weighed him down and made it impossible to work. These attacks continued at different intervals, and increased, becoming very intense before a storm, and worse during changes of weather; sometimes it would give way suddenly, followed by an unusual flow of spirits. This he attributed to some affection of the liver, for which he was actively treated. From supposed exposure to malaria during one of these attacks, he was given hot whisky, and the depression vanished at once. He rapidly became an inebriate, and never suffered from depression afterward. His friends affirm that bad company was the cause of his inebriety.

These three cases are presented as indicating

the presence of melancholia preceding inebriety. The early stages are often shorter, and less distinct, or obscure, from the fact that they are seldom noted at the time. They are frequently indicated by hallucinations, or the extremes of emotional activity, or indifference to the ordinary claims of society, etc.

2. Clinical experience proves the following statement: That stages of melancholia are often associated with inebriety after the latter is developed, either as an exciting cause or sequel. Depression and melancholia seem to be the natural result of the action of alcohol on the organism. The diminished vitality seen in the increased and weakened circulation and lowered temperature, with deranged functional action, and consequent anæmia, all have a natural expression in degrees of melancholia. Irritation, defective and perverted nutrition, with a sense of fatigue and want that is almost irresistible, follows. It may often react in depression and mental debility, from which the brain and nervous system seek relief; this is the exciting cause of a renewed attack of inebriety, as illustrated in the following case:—

A., merchant, whose inebriety originated at puberty, from fever and other circumstances; has drank for twenty-five years, as a periodical drinker, and is much debilitated; will abstain from stimulants for weeks, then be suddenly attacked with profound restlessness and insomnia, inability to concentrate his mind on anything, and an indescribable feeling of want, attended with a sense of pressure and weight over the body, which intensifies into hallucinations of deepest gloom. Alcohol relieves these feelings, and after a certain resistance he loses control of himself, and drinks to intoxication. A long period of relief follows, ending with the same feelings and similar relapse.

When the patient inherits insanity, inebriety, or nervous defects, these stages of melancholia seem more intense and unbearable. This differs from the acute mania to drink, from the fact that the patient does not want liquor, and will not admit that it comes from this cause, and makes resistance for a time, until the depression merges into delusions.

In a dipsomania the craving for liquor is of the nature of a well-defined thirst, which seeks relief at all hazards, and soon becomes a mania which absorbs every other feeling.

The melancholia which precedes inebriety is definite and distinct, sometimes occurring before every relapse, and seemingly dependent upon some obscure conditions of functional and organic change. In one case every condition of mental exertion that is severe is followed by this depression, stimulating inebriety. In another, prolonged abstinence and irregularity of eating. A third case can abstain from drinking if he can avoid depression and keep cheerful. This condition and its exciting causes are obscure, and evidently manifests itself in many unaccountable cases of impulsive inebriety.

General derangements of the system coming on in a patient who is an inebriate develops these symptoms of depression in different degrees and forms, which are identical with different stages of melancholia. For instance, the stage of stupor, indifference, then exaltation and delusions of grandeur and power, and the irritable maniacal feeling followed by dementia and fixed delusions, are all more or less prominent in many cases of inebriety. These are illustrated by the following clinical histories:—

A. is a periodical inebriate, brought on from exposure in the army. Before the attack comes on he is subject to intense depression, or *blues*, as he calls it. He will go to bed, and weep from the slightest cause; reasoning that he is on the verge of some mental disease, or sudden death, summons his family and bids them farewell. Later he drinks, and all these hysterical symptoms vanish.

B. is also a paroxysmal drinker, whose inebriety arises from excess at puberty; before the paroxysm comes on he is very sympathetic and emotional; will visit all the prayer meetings in the neighborhood, and take part with great fluency and spirit, and do acts of kindness that are unusual—defend the cause of the weak with martyr-like zeal, and seem on the alert to remedy the wrongs of life. When cautioned about this condition ending in drinking, he is very indignant. Two or three weeks later he drinks violently, and after this relapses to his former condition of quiet, steady life.

C. is a periodical inebriate, who began to drink from irregularities of food and surroundings. On the appproach of the attack he is morbidly sensitive and quarrelsome, irritable to the last degree, and often filled with delusions of fear and anger by trivial causes, or takes offence and goes to bed, refusing to see or be seen. A week after he will drink, and his old habits come back, the attack lasting from one to two weeks.

D. is a periodical inebriate, originating in general excesses of labor and unhealthy surroundings. Before the recurrence of an attack he has a firm conviction of the presence of a tapeworm, or snake, which he has swallowed, and will consult numerous physicians, take many remedies, and seem very anxious to remove what he calls the cause of all his troubles; the end is always a hard paroxysm of drinking.

These are marked examples of mental disorders which often precede and accompany melancholia, and are noticed in many cases of inebriety. The same class of symptoms often follow inebriety as a sequel, and when inebriety or melancholia are neither very prominent, they often merge into various forms of neuralgia, hallucinations, etc., etc. The following is a typical case of melancholia following inebriety:—

A. is a paroxysmal inebriate, who inherited a tendency to nervous diseases, which developed into inebriety through vicious surroundings; after a paroxysm of drinking, he becomes intensely depressed, loses all interest in his surroundings, and has suicidal delusions; this condition wears away slowly.

In chronic cases, where the system is much debilitated, the melancholia is often of an intense mental character. All the higher sentiments seem overwhelmed in clouds and delusions, that are often dangerous.

The mind loses its poise and sinks down to the lowest level of weakness. Or, it may be manifest in great restlessness and physical activity; as illustrated in the following:—

A. is a periodical inebriate from inheritance; after an attack, will disappear and wander round the country, purposeless and aimless, then recover, and return to business and friends.

B. is a periodical inebriate from obscure brain lesions. After he drinks to exhaustion and recovers in part, he is seized with a mania to look over his business with great care; nothing but a long inventory and personal inspection will satisfy him. This occurs after every paroxysm.

C. is a periodical inebriate from hardship and mental trouble. After the paroxysm is over, he walks the floor and is dangerously sensitive; will not bear confinement or contradiction, for a long time.

These symptoms are frequent in chronic cases, and are similar to melancholia. We conclude that melancholia may not be noticed before inebriety is developed, but it appears in many forms after inebriety comes on.

The third statement, viz., that the presence and prominence of melancholia with inebriety indicates profound disorder and complications, with a special prognosis and treatment, is evident beyond question.

The following seems to be the general course and termination in all these cases:—

1. All the symptoms increase into chronicity, ending in dementia or chronic alcoholism and death.

2. They may merge into acute disease, which will be localized in some organ, terminating in recovery or death.

3. The presence of both melancholia and inebriety may continue without marked change for a long time, then suddenly one or the other becomes intensified into great activity, or both disappear.

The first course or termination is very common. In the second, acute attacks of gastritis, hepatitis, various diseases of the kidneys, and often pneumonia, follow, and if they do not end fatally, the melancholia and inebriety disappear in many cases.

In the third class the cases are not closely observed, but, without doubt, they are numerous: a class of patients who drink to intoxication at long intervals, also suffering from melancholia and depression; this goes on without change for years, then they become demented or helpless drunkards, or from obscure cause they recover.

These cases are seldom recognized until the last stages, but, nevertheless, they possess the same symptoms, only in a less degree, as the most chronic cases.

To term this early stage a vice, because of its obscurity, is a strange misnomer, arising from profound ignorance.

The prognosis and treatment depends upon the history of each case and its various complications. In general terms, the marked presence of melancholia with inebriety is significant of general degeneration. When inebriety seems to follow melancholia the prognosis is also bad, and the treatment by prolonged residence and abstinence from the exciting causes, in an asylum, under medical care, gives the only promise of help.

If these statements are correct, the early stages of these two affections are the same, and

when the association continues the case is serious. The conclusions may be summarized as follows:—

First. Inebriety and melancholia are identical in their early manifestations.

Second. They may follow each other, as both cause and effect.

Third. Their course and termination are alike, and they are subject to similar variations and complications.

Fourth. Both of these disorders are stages or phases of insanity with similar prognosis, and requiring the same general treatment.

A CASE OF RATTLESNAKE BITE SUCCESSFULLY TREATED BY INJECTIONS OF CARBONATE OF AMMONIA INTO VEINS.

BY J. J. KNOTT, M. D.,
Of Atlanta, Ga.

On the evening of July 5th, 1876, a man by the name of Burney was brought to me for treatment, having received a bite from a large-size rattlesnake some fifteen minutes before I saw him. The wound from the bite was over the meta-carpo-phalangeal joint of the index finger of the left hand. Previous to my seeing him he had administered to him, at a neighboring drug store, a large drink of whisky. This was about five minutes before I saw him. He was in the following condition when brought to me: the body bathed in a profuse clammy perspiration; no pulse at wrist; respiration abdominal and irregular; pupils completely dilated; inability to swallow. I immediately injected a half drachm hypodermic syringeful of a solution of carbonate of ammonia into one of the superficial veins of the left hand. The solution was of the following strength:—

R. Carb. ammoniæ,	gr. xl	
Aquæ destillata,	℥j.	M.

This injection was followed immediately by an almost imperceptible pulse at the wrist; waiting awhile to see the full effects of this injection, I found it was only temporary. The patient had fallen back into a worse condition than before the injection. I now exposed the arm, by removing the coat and shirt sleeves, and with many misgivings as to the result, proceeded to inject into the cephalic vein a syringeful of the above solution. There was an immediate response to this in the radial artery, producing a pulse of about thirty to the minute, and of good volume; the second injection into the cephalic vein was followed by still further improvement in the patient's condition; on making the third injection, the patient sat up, and could distinguish objects; on the fourth injection arose to his feet, apparently as well as before the reception of the bite. After remaining a few moments he left, in company with some friends.

I endeavored during the night to find out his whereabouts, but was unsuccessful in learning anything of him until 10 o'clock the next morning, when I found him on the second floor of a building on Marietta street, in a room used as a paint shop; when found, he was lying prostrate on the floor, in a perfect stupor; my first impression was that, perhaps, he had been heavily dosed with whisky during the night, though on examination of his pulse and the pupils of his eyes I was at once satisfied that such was not the case; the pupils were fully dilated; pulse feeble and irregular. I found, on examination, the hand very much swollen, also the left forearm, half way up to the elbow. Drs. G. G. Ray, King, Wylly and A. R. Alby, saw the case with me, and we proceeded to make the injections of ammonia; some twenty-five injections were made in the course of an hour, under which the patient gradually returned to consciousness and sight; circulation resumed its natural frequency and volume. I now determined to make a comparative test of the whisky treatment and carbonate of ammonia injections. I accordingly ordered whisky in large doses every fifteen minutes. This was continued until fifteen minutes after 2 o'clock P. M., when I saw the patient again. He had now consumed one and a half pints of whisky in the course of an hour and three quarters. He was still bright, but showed no indications of being under the influence of the whisky. Continue whisky. 4 o'clock P. M., saw the patient with Drs. Ray, Alby and Wylly; patient had fallen back into stupor, with feeble pulse, dilated pupils and abdominal respiration; commenced the injections of ammonia, which were continued at regular intervals until 6 o'clock P. M., when, the patient being in a condition to be removed to more comfortable quarters, I procured a cab and had him removed to his house, about a mile distant, and after he reached his home I continued the injection at regular intervals, until

10 o'clock P. M. At 9 o'clock I administered sulph. quinine, eight grains, with a view of overcoming any depressing effects of the poison on the great sympathetic nerve. I now left the patient with the following instructions for the night: carbonate of ammonia every hour, in whisky and water; eight grains of sulph. quinine, to be given at 12 o'clock. Should the patient be disposed to sleep, the sleep appearing natural and pulse keeping up, to be allowed to do so for an hour, without being disturbed.

July 7th, 6 o'clock, A. M., was called to see the patient, the messenger informing me that he had gone back into a stupor. On arrival, I learned the following particulars of his condition through the night: between 12 o'clock and 3, A. M., voided urine very freely, being the first that he had passed since the reception of the bite. At 3 o'clock the patient dropped off into a quiet sleep, and was not disturbed until 5½ o'clock, at which time he became restless; on attempting to arouse him, the attendants found that he was becoming stupid, with loss of sight. I found the patient in a stupor, but not so profound as before; the sight also gone, with some irregularity about the pulse. I immediately proceeded to inject the ammonia, which was followed by an immediate subsidence of all unfavorable symptoms; only four syringefuls was injected. I now ordered sulph. quinine, 2½ grains every two hours, carbonate ammonia and whisky every hour, as before; directed the quinine to be given half an hour from the time of administering ammonia, to prevent, as far as possible, the formation of free quinia.

12 o'clock, M. No return of unfavorable symptoms. At this visit the patient's bowels moved very freely; treatment as before continued; in addition, to have hydrarg. sub. mur., gr.j., sach. alba, grs.iv., every three hours, until action from the bowels indicated its effect on the liver. Nourishment, beef tea.

6 o'clock, P. M. No return of symptoms; on examination, found that phlebitis had set in; the veins into which the numerous injections had been made presented a knotty appearance, with the peculiar purple discoloration along their track. Ordered cold applications to the parts, the cloths to be reapplied every ten minutes; quinine discontinued until morning; carbonate ammonia and whisky every four hours.

July 8th. Patient slept very comfortable through the night; calomel acted; hardness had subsided in veins, but slight discoloration remaining; cold applications continued; carbonate ammonia and whisky three times a day; quinine two grains, three times a day. Patient now able to be up and about.

6 o'clock, P. M. Patient dismissed. Cured.

Remarks.—To Professor Halford, of Australia, belongs the credit of the introduction of this, as it appears to us, magical treatment in the bites of venomous reptiles. In the case just cited, the poison was felt (so the patient informed me, after his recovery) not exceeding two minutes from the reception of the bite; the first symptoms being nausea and giddiness, with loss of sight. One point I noticed particularly: on making an injection while the patient was fully under the influence of the poison, the blood that escaped from the vein, by the needle of the syringe, was of an inky appearance. On the second injection, though made on the opposite side and immediately following the first, the blood that escaped presented more the appearance of arterial than venous, which shows very plainly the powerful effect exerted by the ammonia in changing the condition of the blood.

From what I observed in this case, I am satisfied that there is a broad field open for still further investigation in the application of this treatment to other affections than the poisonous effect of the bites of venomous reptiles and insects. How many of us have often observed the happy effects following the administration of ammonia in the numerous adynamic diseases, when administered by the stomach. What may we not expect from the immediate application of this remedy to the blood, instead of sending it through a chemical laboratory, thereby entering the circulation in the form of we know not what. From my experience in this case, I am satisfied that we have but little to fear from the introduction of air into the veins while employing ammonia, as I believe that the ammonia prevents any serious effects from the introduction of air. Owing to the apparently hopeless condition of the patient I paid but little attention to this point, and I have no doubt but that air was introduced during some of the injections, yet I noticed no bad effects from it. The above case, I believe, is the first in which this treatment has been employed in this country; at least, I have seen no reports of any cases previous to this. I am

thoroughly convinced, from my observations in the above case, that when this treatment is employed and persevered in, it will prove as near a specific as anything we employ belonging to the so-called specifics.

STONE DUST A CAUSE OF CONSUMPTION.

BY R. H. SABIN, M. D.
Of West Troy, N. Y.

About the year 1840 there was built in my native village, in Vermont, a mill for the manufacture of sand paper, the sand used for the purpose being made by breaking granite boulders by means of a large trip hammer, and then grinding in a mill, to a fine dust.

The first man I remember to have worked in the grinding room was one Parker, who, after working from eighteen months to two years, was taken with a severe cough, was obliged to give up work, and gradually failed till he died of consumption.

The next man was James Stoddard, a cousin of mine, a strong; healthy-looking man, who worked about two years, when his health failed, and he died, after a long tedious sickness, of consumption.

Not many months after his death the proprietor of the mill was taken in the same way, and died after a long sickness.

His brother succeeded him as proprietor, and hired one Simon Stoddard, a brother of the above James Stoddard, who worked in all parts of the mill, part of the time in the grinding room. After working a few months, his wife's health began to fail, with a cough and other signs of lung disease, but was able to be about most of the time till within a few months of her death, her husband taking the principal care of her nights, while working in the mill during the day. Three months before her death his health began to fail, and he died six days before his wife, of quick consumption.

Not long after his death the other proprietor failed in health and went in the same way.

These cases I remember from my childhood, and of hearing that the cause of death in the five men was the dust in the mill. Both proprietors were from a healthy family, without any consumptive history, as also were the Stoddards.

I have been in practice now twenty-one years, eighteen of which I have spent in my present location, which is near Roy's Butt & Hinge Factory, where the polishing is done on a dry stone, employing several large stones, run with great speed by steam, for that purpose, making a great dust, so that the air is filled with a harsh gritty dust.

I have collected the following cases of sickness and deaths that have occurred to persons who have worked in that room.

Daniel Graham, who died at the age of thirty-eight years, was a large, powerful man, noted for his great strength; weight, 190 pounds; was assistant foreman in the mill; and had to be in the grinding room considerable of the time. Three years previous to his death he had an attack of bilious intermittent fever, from which he seemed to fully recover, except in strength; had worked in the mill since eighteen years of age. There was no consumptive history in his family, on the side of either parent. Two years and six months previous to his death he was taken with a cough, strength failed; was obliged to give up work; and run down till his death, at the age above mentioned.

Samuel Graham, an older brother, a large, fleshy man, weighing about 200 pounds, was foreman in the same mill, but did not work in the grinding room. Has worked in the mill thirty years. About six months after his brother's death, was taken with a cough; general health failed; was obliged to give up business; and died after about two years' sickness.

Bear in mind, these two cases were foremen in the mill, and were not confined in the grinding room, only to look after the work and repair the machinery when out of order.

Now, of the cases that worked at the stone polishing, the following sickened and died similarly:—

Mr. S., a young man, of good sound constitution; from the north of Ireland; worked in the grinding room about two years; health failed; went back to Ireland, and died about six months after, of grinder's consumption.

Two brothers, named C., one dead, the other now sick, and going the same way.

Two brothers, named T., both been dead some years.

Robert Ayers, aged about fifty years, died this last spring; had worked at grinding six years.

My list contains four more cases that have died within the last twenty years, of what is

called in this vicinity grinder's consumption, because they worked at that business.

When I have remonstrated with them for working there, they usually say, "I can make more money at that than anything else, and I don't intend to stay long enough to injure me;" but before they know it their health is gone.

I have two other cases who have died of the same disease, but did not work at that place; one a young man, nineteen years of age, who polished cast-iron plates for a stove foundry; had worked at the stone two years; health failed, and he went in about six months, of quick consumption. The other was a moulder, and worked at his trade, inhaling the dust of his work; contracted the disease, and after lingering from two to three years, died, of consumption.

All these cases were large, powerful, healthy looking men, and, so far as I could learn, had no consumptive history.

The above cases lead me to the conclusion that the dust inhaled by working on a dry or wet stone is a cause of consumption, and that no man can work at it two years without injury to his health, and if they work four or five years at the business it is a sure death.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

TWENTY-EIGHTH ANNUAL SESSION.

(*Concluded from No.* 1063.)

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

The Section met June 5th, at 3 P. M., the Chairman, Dr. James P. White, of New York, in the chair; Dr. Robert Battey, of Georgia, Secretary.

A paper by Dr. William H. Byrd, of Illinois, was read, on "The Surgical Treatment of some of the Diseases of the Female Urethra."

It was discussed by a number of members.

On motion of Dr. E. W. Jenks, of Michigan, it was

Resolved, That a committee of three be appointed by the chair, to whom, with the Chairman and Secretary, all papers read before the Section shall be referred, to consider as to the propriety of their publication.

Committee, Drs. E. W. Jenks, H. W. Dean, New York, and H. O. Marcy, Massachusetts.

A paper on "Extirpation of the Uterus," by Dr. Gilman Kimball, of Massachusetts, was read by Dr. Martin, of Massachusetts, and a lengthy discussion was carried on relative to the subject, by Drs. Reamey, of Ohio; Kimball and Martin, of Massachusetts; Smith, of Iowa; Sims, of New York; Jennings, of Arkansas; Morris, of Massachusetts; Atlee, of Pennsylvania; Byford, of Illinois; James Grant, of Ottawa, Canada; Mrs. Dr. Mary Thomas, of Indiana; and the Chairman of the Section.

Dr. N. Boseman, of New York, read a paper on "Kolpokleisis as a Means of Treating Vesico-Vaginal Fistula—Is the Procedure ever Necessary?" and exhibited his instruments for preparatory treatment.

At the conclusion of the reading of this paper the Section adjourned until Wednesday, at 3 o'clock.

WEDNESDAY, JUNE 6TH.

The Section met at 3 P.M., and was called to order by the Chairman.

Dr. N. Bozeman, of New York, read brief statistics of vesico-vaginal fistula in Germany.

Dr. H. O. Marcy, of Massachusetts, read a paper of vital interest to those who would become factors in the problem of multiplication submitted to the human race, which was discussed by Drs. Webber, of Indiana; Staples, of Minnesota; Warner, of Mass.; Bozeman, Seymour, Sims and Dean, of New York; and Battey, of Georgia.

Dr. Marcy offered the following, which was adopted:—

Resolved, That the discussion upon the address of the Chairman, submitted to the Association this morning, be made the subject for discussion to-morrow afternoon. Adopted.

Dr. Ephraim Cutter, of Massachusetts, exhibited his apparatus for electrolysis in uterine tumors, and explained the method of applying it. It was discussed by Drs. White and Staples, and is applicable to the field of research occupied by the Section.

Dr. E. A. Hildreth, of West Virginia, exhibited a wire speculum of his own invention, for the vagina, anus, etc.

Adjourned to meet on Thursday, at 3 P. M.

THURSDAY, JUNE 7TH.

Section called to order at 3 P. M., by the Chairman.

Dr. J. W. Smith, of Iowa, read a paper entitled, "How to Decide the Best Position in Travail," which was discussed at some length.

Dr. Parker, of Massachusetts, read a report of a case of enlarged clitoris, which was removed by galvano-cautery.

The Chairman concluded the reading of his annual report, or address, which was discussed by Drs. Sims, of New York; Leach, of Indiana; Quimby, of New Jersey; Fairbanks, of Michigan; Jencks, of the same State; Mooney, of Ohio; Woodward, of Vermont; Butler, of Georgia; Byford, of Illinois; Garrish, of Indiana, and others.

The thanks of the Section were unanimously tendered to Dr. White, and his address was referred to the Committee of Publication.

The special committee to consider the papers

presented to the Section reported their action, which was adopted, viz.—To recommend for publication the paper by Dr. G. Kimball, on Extirpation of the Uterus; that by Dr. N. Bozeman, of New York, on Kolpokleisis in part, that is, the first part, which precedes the letters, which have been already offered for publication elsewhere; that by Dr. H. O. Marcy, of Massachusetts, upon Congenital Absence of the Uterus.

The committee recommend that the papers by Drs. W. H. Byrd, of Illinois, J. W. Smith, of Iowa, and Parker, of Massachusetts, be referred back to their several authors, with the recommendation that they be offered for publication in some medical journal.

Dr. Seeley, of Illinois, exhibited his modification of Barnes' Dilator.

J. Marion Sims, of New York, exhibited a new form of pessary, with an explanation as to its action, which was objected to by Dr. Fitch, of Illinois.

On motion the Section adjourned finally.

SECTION ON MEDICAL JURISPRUDENCE, CHEMISTRY, AND PSYCHOLOGY.

TUESDAY, JUNE 5TH.

The Section met at 3 P. M., and was called to order by the Chairman, Dr. Eugene Grissom, of North Carolina, Dr. E. A. Hildreth, of West Virginia, Secretary.

Dr. John P. Gray, of New York, read a paper on the celebrated Ward will case, entitled, "The Relations of Spiritualism to Medical Jurisprudence." Dr. Gray's conclusions on the subject of spiritualism, in its medico-legal aspects, were as follows:—

Spiritualism cannot be taken as an evidence of insanity. Belief in communications from the unseen world, whether from friends of the dead or other ghostly messengers, is not in itself an insane delusion. The belief that so-called mediums can communicate with the dead has no foundation, as no evidence has yet been presented of the truth of such communications having been made. They all stand simply on the assertion of the so-called mediums. The implication of fraud must stand against all such professed communications, as the dead party cannot be reached except through the consent or power of the so-called medium, and as the living party to whom the communication is made has no power himself of communicating with the spirit. The whole is received simply through the medium. Such communications of third parties cannot be received in courts of law, as they are excluded by the rule of rejecting conversations not held in the presence of both parties. If spiritualism is espoused as the result of disease of the brain, being before repugnant to the belief and mental operations of the individual, then it is an insane delusion. Spiritualism, or its so-called communications, must be received simply under such ruling of the courts as undue influence, or as fraudulent, or conspiring influences, in the case of wills or contracts; and wills and contracts made under such spiritual directions and influences, through mediums, should be void.

The most serious question would arise where a person should attempt to commit homicide under the direction of the so-called spirits. The presence of a medium in such a case would suggest fraud and conspiracy. If the individual was a spiritualist through life, and before the crime was committed, no insane delusion can be claimed, unless it can be found in the existence of brain disease. He would have to stand, in that case, upon the same platform as ordinary criminals. Spiritualism can only be considered as an occasional delusion in cases of insanity, and not as a cause or form of true alienation. It stands on the same footing with its progeniture witchcraft, vampirism, soothsaying, fortune-telling, etc. Its medico-legal bearing must be determined by the facts in each case, as to whether it is an insane delusion or not—that is, the offspring of disease of the brain—or simply entertained as a speculative belief with reference to the unseen world, or the possible condition of men after death. Medical science can take no cognizance of it as a speculation, more than it can of any other "ism."

Dr. Wm. Compton, of Mississippi, was much pleased with the paper, and moved its reference for publication.

Dr. Yeamans, of Michigan, had from his boyhood known Captain Ward, and the judges and lawyers in the case; he thought Captain Ward did not follow advice of spirits, but rather the good sense of his sister. He did not believe he was as insane as represented. Financial distress and hyperaemia of the brain induced his apoplexy.

Dr. Gray was glad to hear these statements, but thought the cerebral hyperæmia and epileptic attacks due to some cause, and in connection with sexual excess, in an old, infirm man. Did spiritualism exercise undue influence? We must draw the line between disease and spiritualism.

Dr. Buckham, of Michigan, complimented Dr. Gray. He thought if Captain Ward was insane, it was at the time of making his will; the latter shows a weak mind; but if his other business transactions and mental actions were correct, he was not insane.

Dr. Gray said that business is not like a will, as in the Taylor case, where the spirits asked a change of lawyers. When such questions are brought into court, they must be met by the medical profession.

Dr. Compton said that the Tennessee Courts had ruled against the spirits, and on his motion the paper was referred for publication.

Dr. Edward Seguin, of New York, read a paper entitled the "Intervention of Physicians in Education." The paper establishes that new progress in education cannot be expected from any great discovery in the methods of teaching, but must come from an active intervention of the physicians in the training of the children, which would act in two ways: First,

by transferring as much as possible the teaching to the open air, one means of doing which would be the creation of garden-schools, as proposed by Dr. E. Seguin. The New York Academy of the Sciences has indorsed this plan, and presented it to the Mayor, the Board of Health, the Board of Education, and the Park Commissioners of the City of New York, in order to obtain a concerted action on the subject. The execution of this plan would relieve the schools from the contagious ferments generated by crowding, and would considerably diminish the chances of sickness and of mortality among children. At the same time the pupils would learn from Nature what they see imperfectly represented in books, and gain, by this immediate contact, a love of Nature and naturalness which would react on their future avocations. For these garden-schools would contain, not only classes of botany, natural history, etc., but classes of drawing, carving, and modeling from Nature, whence would issue generations of true artists and superior artisans.

But the second and most important part of the physician, in education, ought to be that of a keeper of the balance of the vital forces of the children. Each child must have his study-book, where the account of his acquisition and expense of vitality should be kept. Physicians alone can register the idiosyncrasies of children, measure the difference of build and of capacity of both sides of the body, and of all the double organizations, and recommend, accordingly, certain forms of active or passive exercises, etc. The accommodation of the ear and eyes must be tested, in order that each child occupy at school precisely the place, and use printed types, corresponding to his power of vision and audition. But, above all, the physician in charge of a school must register the movements of the great vital functions—the pulse, the respiration, and the temperature before and after various studies—in order to establish, in figures, the balance of what a child can spend in studying, or cannot, under the penalty of death from that too frequent disease, the scholar-meningitis.

The paper of Dr. E. Seguin, though very short, was full of suggestions, and it was referred to the Committee of Publication.

On motion, the Section adjourned, to meet on Wednesday, at 3 P.M.

WEDNESDAY, JUNE 6TH.

The Section met at 3 P.M., and was called to order by the Chairman.

Dr. R. J. Patterson, of Illinois, read a paper entitled, "Do Facts Justify the Recognition of Moral Insanity as a Distinct Form of Mental Disease?"

Dr. Patterson's conclusions were adverse to such recognition. His paper contained statistics from a large number of insane asylums, running back over several years, and showing a very marked diminution of cases of so-called "moral insanity." This proved, either that the disease was becoming less frequent, or that the doctors were losing their belief in the existence of such disease and attributed the cases to other diseases. Dr. Patterson objected to the recognition of moral insanity as a distinct form of mental disease, because there were no cases in which it was shown that a person suffered from "moral insanity" while the intellect was perfectly rational. No person would suffer by the denial of this recognition. The term "moral insanity" not only does no good, but it does positive harm, by enabling unscrupulous lawyers to set up a specious plea in behalf of their client, especially in cases of homicide in which there is no question as to the soundness of the intellect. The cases of Sickles, McFarland, and many others were cited here. And finally, very few of the highest authorities, medical or legal, recognized such a disease as moral insanity, and the plea of that disease is looked on with suspicion by experts.

Dr. John P. Gray, Superintendent of the New York State Lunatic Asylum, said the institution he had charge of had been cited by Dr. Patterson as refusing to recognize moral insanity. That was true, so far as he was concerned, but his predecessor, Dr. Brigham, believed in it, and according to the asylum's records, there had been two thousand cases of moral insanity in that asylum alone. He, Dr. Gray, had examined ten thousand cases of insanity, without finding one that he regarded as a case of moral insanity. Dr. Brigham made three or four classes of moral insanity. One class was the impulsive, that characterized by a single manifestation, such as an impulse to commit homicide, with no other deviation from health. Dr. Gray didn't believe such a case ever existed, but Dr. Brigham did. Dr. Gray would as soon think of impulsive diarrhœa, as of impulsive insanity. The idea of a disease that comes in a moment, and goes in a moment, conflicted with all his ideas of physiology and psychology. One of the asylums Dr. Patterson cited, that at Longwood, reported in one year a phenomenal amount of "moral insanity." Probably "rum" would express all of it.

In a monograph, by Despine, read a few years ago before the Academy at Paris, and for which a prize was awarded, the author pronounced all insanity as deep ingrained immorality, ingrained by the patient himself. The author says that insanity is not a sickness at all; it is a disease of the soul.

Dr. Ray, the chief believer in "moral insanity," does not give the clinical history of a single case that occurred under his own observation at the Butler Asylum, Providence. Moral aberration was a matter of degree. There are persons who have a considerable amount of mental shrewdness, and yet whose moral nature was so perverted that they don't know right from wrong. The law puts such people into prison.

Referring to the subject of heredity, Dr. Gray said that persons who suffered from moral taint transmitted by parents might be held to be morally defective, but it was unjust to them

and the profession to regard them as diseased. The soul, he said, might be tarnished, but it could not be diseased, for what might be diseased would die.

Dr. Patterson said that the statistics of many institutions referred to in his paper were incomplete, but in the complete ones no cases of moral insanity were reported.

Dr. Compton, of Mississippi, made the point that moral insanity was believed in more formerly than it is now, and Dr. Ray has modified his statements in late editions of his own book.

Dr. Battey, of Georgia, said that in the asylums under his charge, where there were twelve hundred patients, there had been no case regarded as moral insanity in twenty-one years.

Dr. Knight, of Connecticut, said that if the term "moral insanity" implied the perfect soundness of all faculties except the moral faculties, there was no such thing.

In reformatories there were, he said, perfectly healthy boys, who would rather do wrong than do right. Punishment they seek to evade, but if it is applied it does no good. They sleep well, and eat well, and their minds seem bright enough. It was doubtful if these persons were morally responsible.

Dr. Seguin, of New York, believed in moral insanity. In idiot asylums children were received who were worse than idiots. They had an inevitable habit, a necessary impulse to sin. They had no symptoms of idiocy. They were healthy in body and bright in mind. He told of a boy who had on twenty occasions shut himself up in a room and set fire to the furniture. He knew that he was doing wrong, but he had a necessary impulse to do it. This boy has been cured, and is now a perfectly good boy.

The origin of moral insanity among children was a want, or, better, a *besoin*. This boy had a *besoin* to see bright things, as some people have a *besoin* to speak constantly. This boy's insanity was a sort of sensory insanity.

Dr. Buck, of Canada, also believed in moral insanity. Two patients in his asylum were conspicuous examples of it. He had failed to detect in either any intellectual delusion, but their moral natures were so perverted that they could'nt live in society. One of these cases was a woman, who was clever, neat, intelligent, and in perfect health, but she was subject to violent attacks of passion, and had excessively erratic tendencies. The other case was a man. His mind was sound enough, so that he had accumulated a fortune, and he was perfectly healthy; but if at large would maltreat his family, and commit other acts, making his existence in society impossible. Dr. Buck believed there were many other cases in his asylum where the initial departure from health was in the emotional nature. A very marked departure of the emotional involves the intellectual nature. He believed that a moderate moral aberration constituted criminality, while excessive aberration constituted moral insanity. The intellectual nature affects the emotional nature but slowly, while the emotional nature has immediate and tyrannical power over the intellectual nature.

The Section referred Dr. Patterson's paper to the Publishing Committee.

Dr. G. R. Buckham, of Michigan, read the second paper, on "Medical Testimony, with Special Reference to Cases of Insanity." In the first place, the speaker deprecated the idea that doctors were by education experts in such cases. They were never required, before graduation, to study any branches which would make them more "expert" than any other well-educated gentlemen. Passing to the question of emotional insanity, the reader took the ground that such a state of mind had never been proved, and his easy inference was that there never was such a thing. The paper closed with the author's suggestions for changes in the medical college courses, to remove the evils of which he had spoken.

Dr. Yeamans, of Michigan, opened the discussion, which was continued by Dr. Bartlett, of Minnesota.

After both papers had been referred to the Publication Committee, the Section adjourned, to meet on Thursday, at 3 P. M.

THURSDAY, JUNE 7TH.

The Section met at 3 P. M., the Chairman presiding.

Dr. Buckham, of Michigan, offered a resolution requesting the appointment of a committee of medical jurists to take into consideration the subject of medical testimony, and to report at the next annual meeting. The resolution was adopted, and the Chairman appointed as such committee Dr. John P. Gray, of New York, Dr. E. A. Hildreth, of West Virginia, and Dr. H. M. Knight, of Connecticut. The following gentlemen were appointed as a committee to revise the various papers read before the Section, and to transmit those papers, so revised, to the Committee of Publication: Dr. D. F. Boughton, of Wisconsin; Dr. C. K. Bartlett, of Minnesota; Dr. D. R. Brower, of Illinois. Dr. Kempster then moved, as there seemed no further business before the Section, to adjourn, and the motion was carried. The Section then adjourned finally.

Belladonna in Constipation the Result of Paralysis of the Bowels.

Dr. H. A. Dubois, of San Rafael, California, writes: "In a case of paralysis of the bowels, the result of apoplexy, where there had been no discharge for two weeks, and where croton oil and other powerful cathartics had failed, and in which the ascending colon only could be emptied by the rectal tube, small doses, five drops three times a day, of the fluid extract of belladonna, continued for two days, enabled the tube to enter the transverse colon, and procured thorough action through the whole length of the canal. I was indebted to Dr. Taylor, U. S. Navy, for this suggestion.

Editorial Department.

Periscope.

Abnormal Refraction Simulating Brain Disease.

In a recent lecture Dr. J. Hughlings Jackson, Physician to the London Hospital, says :—

In some cases of abnormal refraction there is a simulation of brain disease, or, at any rate, patients who only want appropriate glasses are occasionally treated by physicians for brain disease. I have been speaking of hypermetropia, but the remark applies to other abnormalities of refraction.

Mr. Brudenell Carter has reported a remarkable case of myopia simulating brain disease, in the eighth volume of the Clinical Society's Transactions. This report should be carefully studied by physicians. The patient, for supposed brain trouble, took a voyage to Australia, but was no better for it. He was told that "he must abandon the idea of carrying on the family business, or of taking any active part in life." This patient was immediately thoroughly and permanently cured by the adaptation of appropriate glasses. The possibility of an anomaly of refraction or any eye defect being at the bottom of that patient's trouble seems not to have occurred either to himself or to his doctors. He did not consult Mr. Carter for any defect of sight, but because he had heard that ophthalmic surgeons had an instrument useful in the investigation of disease of the brain. I could relate several cases of hypermetropia in which the diagnosis of brain disease had been made by physicians and refuted by ophthalmic surgeons. Here is one. A medical student, twenty-one years of age, had been obliged to give up his work because reading brought on attacks of vomiting and frontal headache. The vision of each eye, for near and distant objects, seemed good to ordinary examination, and there were no ophthalmoscopic changes, except some dilatation of retinal veins. To cut a long story short, after traveling about two years, doing nothing toward his cure, Mr. Tweedy, in May last, fitted him with a pair of spectacles, remedying hypermetropia and astigmatism. The patient has been well ever since; has returned to his medical career, and has graduated at the University of London. Without some knowledge of anomalies of refraction, the physician would never suspect the real nature of such a case as that of this medical student. Mr. Carter writes, in his paper referred to, that his advice was received by the patient and his father with polite incredulity, although fortunately it was acted on. I find that patients whose symptoms appear to them to depend entirely on something wrong in the head or in the liver receive with something more than incredulity the statement that they require glasses, and I fail now and then to make them consult an ophthalmic surgeon. Yet it is very ludicrous to give "nervous" and other remedies for a state of things which requires only a scientifically adapted mechanical aid.

The Plea of Insanity.

The *British Medical Journal* remarks, in regard to a lecture by Dr. Robertson, of Glasgow :—

"In the earlier periods, nothing but a total deprivation of reason was held to free from responsibility; partial insanity, in none of its forms, was any palliation. The Lord Justice-Clerk, in the cases of Macklin and Barr, who were tried for murder in May of last year, said, in speaking of the indications from which unsoundness of mind may be inferred: "At one time lawyers were apt to avoid all difficulty by inquiring whether the prisoner knew right from wrong; and as a point of fact, except in acute mania or idiocy, there are very few lunatics who do not know right from wrong, in the sense of being capable of forming and even acting on the distinction. Much unreasoning inhumanity had been the result of this unscientific maxim." The lecturer said that this was a great and important advance in forensic opinion; he was, however, unable to accept the test proposed by his lordship in place of the discarded one: "That soundness or unsoundness of mind was a fact which had to be judged, not as a question of law or of science, but on the ordinary rules which one applied in daily life; and if it turned out that a man was able to conduct himself with propriety in the ordinary relations of life, and was not excluded from the confidence of his fellow-men by reason of distrust of his sanity, they had advanced, not the whole journey, but nine-tenths of it, toward their conclusions." It was held by the lecturer that this test failed to cover cases in which criminal acts were committed during sudden attacks of mania, to which persons who had been affected with sunstroke, or whose brains were otherwise enfeebled, were sometimes disposed; or those which were due to homicidal impulse; or such as were perpetrated while under the furor or in the peculiar automatic state which occasionally follows or takes the place of ordinary epileptic seizures; as in all these conditions it might be that the sufferers were usually quite fit for their occupations, and were free from delusion, though in the paroxysms they were really irresponsible for their acts. In his opinion, there was no general test applicable to all cases, and that it would be more correct—more in accordance with the facts of nature—to avoid laying down definite

criteria, and simply to hold, unless proof can be submitted that the mind is in a state of disease, or was so at the time of the alleged crime, to which that crime may be fairly attributed, that the plea of insanity should not be sustained, and, consequently, that the accused is a responsible agent. What that proof should be could not be stated, as it must vary according to the distinctive characters of different cases.

Effects of Sexual Excesses on the Eyesight.

Mr. Jonathan Hutchinson (*Royal London Ophthalmic Hospital Reports*, vol. ix, part 1) considers that we may safely assume the probability that the eye does suffer, both in connection with its functions and its structure, from influences brought to bear upon it through the sexual system.

In the larger class of cases the disorder is of a mere functional and temporary character; a loss of tone, consisting in such changes in the molecular constitution of the nerve-centres as may be wholly repaired by food, recreation, and rest. In a smaller class of cases, the symptoms just enumerated form the first stage of a disturbance which eventuates in structural alteration, degeneration, or inflammation. The cause lies in disordered nutrition, dependent upon not only excessive sexual indulgence and masturbation, but also upon frequent and continued erethism.

The subjective symptoms are, in the lighter cases, muscæ, a stiff and glassy feeling of the eye and lids; in the more serious cases, more or less impairment of vision. The objective symptoms in the more serious cases consist in softening of the vitreous body, and the presence of opacities in it, and atrophy of the optic disk, probably preceded by neuritis.

In one case, Mr. Hutchinson detected a slight haziness of the disk, so slight as to be almost doubtful. The associations between certain forms of amblyopia and disturbed or suspended menstrual function in women, and between slowly progressive atrophy and the failure of sexual functions in men, are dwelt upon with emphasis.

Is Typhoid Fever Contagious?

Before the Paris Academy of Medicine, lately, Dr. Bouchardat read a paper on typhoid fever, in which he admitted contagion as one of the causes of this disease, as in the eruptive fevers. He classified his arguments under four heads. The first related to the comparative immunity of persons who had had an attack of the disease; the second to the comparative progress of typhoid fever in the great centres of population and in villages; the third to the special morbid proclivity of the unacclimatized, of the new comers; the fourth to the high rate of mortality of the military hospital orderlies, who are always in contact with the sick. The disturbances observed in the intestines, in the first place, led to the opinion that the contagion was contained in the excrementitial matters, and this hypothesis was justified by remarkable cases of propagation of this disease by fecal matters. But, were not these simple coincidences? The true cause had passed unperceived, and a very apparent, but harmless, condition had been taken for it. The pernicious influence, with regard to typhoid fever, of the contents of sewers and cesspools, had not been rigorously established with regard to the men employed in cleansing and emptying them. Because these cases had shown themselves in isolated villages, without perceptible communication with diseased persons, they had been attributed to the drinking of waters containing animal matters in a state of putrefaction; but, besides that these cases were often incompletely observed, it must not be forgotten that small-pox, measles, and scarlatina, also appeared in isolated districts, where it was not possible to follow up their origin, and yet no one admitted the spontaneous evolution of these diseases. Finally, the hypothesis of permanent specific miasmata in great cities was strengthened by the fact that the epidemics which break out in them generally coincide with the large arrival of non-acclimatized persons, as in Paris in 1870. It was this class which were in the greatest danger, and the inhabitants of great cities need not exaggerate to themselves the dangers of typhoid fever at a season of epidemic prevalence.

The Treatment of Abortion.

At a meeting of a branch of the British Medical Association, Dr. Malins, of Birmingham, spoke on the treatment of abortion. He said that it was an important subject. The proportion of abortions to labors at the full period observed in his practice was as one to six or seven. If neglected, abortion became a frequent source of uterine disease. After discussing the meaning and applicability of the term abortion, and quoting various authorities, Dr. Malins considered the fairest explanation to be premature expulsion of the ovum. Abortion might be—1. Passive or latent; 2. Active or inevitable. 1. *Passive.*—The important symptoms were pain and hemorrhage. For the pain, he would give full doses of opium, preferably in the form of liquor opii sedativus. For the hemorrhage in this form, rest was necessary. It having been repeatedly noticed that women who were sick aborted least, Dr. Malins, acting on this indication, had found the administration of five minims of vinum ipecacuanhæ, every hour for twelve or fourteen hours, a safe and simple remedy. 2. *Active.*—When there was great hemorrhage and pain, bold treatment must be followed; the vaginal or uterine plug being used, with ergotine hypodermically. No towels or handkerchiefs should be used as plugs, but the vagina should be well and carefully packed with pledgets of tow or oakum. Neither sponge nor strips of lint were so good as these. Where the embryo was

dead and was retained for an indefinite time *in utero*, rapid dilatation of the os uteri by means of sponge-tents should be employed.

Use of Drainage Tubes in Dropsy.

Dr. Southey narrated to the Clinical Society of London, lately, his treatment of dropsy with capillary drainage tubes. The canulæ were scarcely larger than the ordinary subcutaneous injecting needles, and were introduced by a fine trocar. They terminated with a little bulbous extremity, over which the capillary india-rubber tube was drawn after its introduction into the dropsical limbs. A tiny thread and small piece of adhesive plaster sufficed to maintain the canula in the skin, and the connected drainage tube was conducted below the patient and into a pan beneath his bed. The large amount of serous fluid which might thus be withdrawn in dropsical subjects from a single prick in each leg was quite surprising. The fluid continued to drip away for as many hours as the tube was retained *in situ*, and this without any discomfort to the patient. No escape of fluid took place beside the canula. The whole was conducted outside the bed, and several pints usually thus drained away from highly dropsical subjects each twenty-four hours. The advantages were manifold, of this exceedingly simple and cleanly method of relieving anasarca, when this was extreme. 1. Instead of several needle-pricks, all of which were painful and quite likely to form troublesome sores and centres for erysipelas to depart from, one, or at most two—only one for each limb—were needed. 2. The skin round about the puncture was not macerated by the oozing serum, nor irritated by it. 3. The patient was kept dry, and warm, and clean, in bed. 4. The relief obtained was more speedy as well as more thorough. 5. Should the escape of fluid prove too rapid, and become attended by circulatory disturbance in the dropsical limbs, or by uræmic symptoms, the quantity drawn off could be easily regulated, controlled, or temporarily arrested, by a tiny clamp placed upon the tube. 6. The serous fluid, which in cases of renal anasarca contained very large amounts of urea, could be tested for this, and the quantity thus escaping be exactly ascertained. Thus, in the particular case brought forward by Dr. Southey, the average amount of urea which was thus excreted amounted to 4.7 grammes, or 72.56 grains, for twenty-four hours. In point of fact, Dr. Southey had drawn off as much as fourteen pints of serous dropsical fluid in twenty hours, from a patient, by two such tubes; and, in answer to questions put to him, he was able to state that he had seen no inconvenience arise from the maintenance of the canula in the skin in the same situation for forty-eight hours; the prick-hole closed at once, and without ulcerating, when it was withdrawn.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Received—Transactions of the Seventy-ninth Annual Session of the Medical and Chirurgical Faculty of Maryland. Held at Baltimore, April, 1877. A volume of interest and value.

BOOK NOTICES.

The Psychology of Kathrina. By Thad. M. Stevens, M.D., of Indiana. A reprint from the Cincinnati *Lancet and Observer*.

Dr. Holland's Kathrina is taken as a text for the expression of the author's views upon certain psychological questions. The first point is in regard to the insanity of the hero's mother. It is believed that the author intended it as a case of *contagious insanity;* that this condition was caught from the husband, by the wife, not by means of an infecting germ, and, of course, not by hereditary descent, but through the influence of mind upon mind. It is claimed that this is in accordance with laws, illy understood, yet known to exist.

Indeed, it is an oft-repeated remark how the man and wife, companions of years, grow alike in ways and looks; and there is reason to believe that physiological as well as pathological conditions of the mind may, in the same manner, become more or less similar. The monograph carries this thought still further, remarking, that in cities of moderate size, having a fixed population, and not confused by the elements connected with immigration, there is a certain similarity of the majority of the inhabitants in general appearance, a similarity not depending upon kind, but upon some subtle effect of this same principle spoken of above. This principle is then applied to the explanation of the mother's insanity and final suicide.

One or two other interesting psychological points are discussed. The tingling of the bell in the sick room, is the agency of bringing up an incident of the hero's boyhood days. An example of unconscious cerebration. The explanation of the wife's vision is well given. Our space will not admit any fuller notice of this very pleasing paper.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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THE MODEL PHYSICIAN.

In introductories and valedictories, the "model" physician, or the "ideal" physician, is a favorite topic on which lecturers delight to "spread themselves." The frequent adoption of this topic may be owing to the ease with which one can write upon it, as we spin our ideals from our own brain, and they ask no laborious cramming for their portraiture; or it may be that it arises from the delight we feel in portraying a grand character through half identifying ourselves with it (however absurdly) while we do so—a sort of *délire des grandeurs;* or possibly because others may be led to believe that we are something like the portrait we paint.

Whatever the motive, the subject is common. One of the most pleasantly extravagant is quoted by Dr. JULIUS PETERSEN, in his recent "History of Medicine," from the Swiss author, Sonderegger. It runs as follows:—

"Whoever, in knowledge of natural phenomena, in mind and character, is a model man, he is the physician as he will be. There is on earth nothing greater and more beautiful than man; he is the hardest and most difficult exercise for thought and hands; his birth and death, his life and his afflictions, all are in the highest sense remarkable and impressive. Sharp eyes and delicate ears must thou bring with thee; great talents of observation and patience, and further patience to learn endlessly; a clear, critical head, with iron will, which strengthens in need, and yet a warm sympathetic heart, that shares and feels every woe; the support of religion and moral earnestness which rise above worldliness, gold, and fame, added to a pleasant address, suavity in discourse, and proportion in thy fingers, health of body and soul, all this must thou have if thou wouldst not be an unfortunate or a bad physician; thou must bear the camel load of omniscience, and preserve the freshness of the poet. Thou must counterbalance all the arts of quackery, and thereby remain an honest man; medicine must—to this all tends—be thy religion, thy politics, thy misery, and thy joy. Wherefore advise no man to become a physician! Should he wish it, warn him off forcibly and earnestly; but wishes he notwithstanding, then give him thy blessing, insomuch as it is something worth; he can use it."

After reading this extraordinary outburst, the average doctor is ready to exclaim, "But how about the *business?* Is that to be forgotten, meanwhile?"

The question is pertinent, for undoubtedly, in this and in every country, the first inducement to enter our profession is to use it as a means of earning a livelihood—of making money; and though this is not also the last nor the only object in its pursuit, it is, and must remain, for a long time to come, the chief and permanent motive to labor.

Instead of such wild ideals, it were better to point out what we submit is a fact—one of the hardest of facts—that as a business, as a means of getting a living, the practice of medicine will be most profitable in the long run, and in the vast majority of cases, by strict attention to integrity, by the exercise of a liberal but discriminate charity, by cultivation of unswerving honor toward other practitioners, by a deep abhorrence of false pretence and unfounded claims, and by earnest attention to the welfare of the community.

An enlightened pursuit of self interest is not inconsistent with the benefit of society; on the contrary, as was admirably shown by Adam

Smith, the good of the many is best consulted by each individual looking after his own good in the most intelligent manner. This is a view of the present subject which we would commend to the consideration of future painters of ideals.

Notes and Comments.

Diabetes.

Four cases are carefully recorded in the *Glasgow Medical*, by Dr. James Barr. Independently of diet and medicine, there were great variations in the amount of urine and sugar from day to day; with improvement these oscillations lessened. Always there was a great fall on cutting off the starchy food. With a free supply of green vegetables the general condition improved, and the disgust toward animal food was removed. Codeia and bromide of potassium had but doubtful effects. Strychnia, quinine, iron, cod liver oil, improved the health, but did not diminish the sugar. Ergotine, tried in one case, reduced the urine and sugar, and the patient improved materially. Ice was applied to this patient's spine, and is also spoken well of.

Chemical Gleanings.

Antimony trichloride forms white or yellow precipitates in hydrochloric acid solutions of aconitia, atropia, quinia, cinchonia, piperine, strychnia and veratria; but not of caffria or morphia. Similar solutions of aconitia, piperine, strychnia and veratria are precipitated (yellow or red) by ferric chloride; white atropia, quinia, cinchonia, caffria and morphia are not precipitated.

A. Soldani uses potassic-cupro-bicarbonate as a reagent for grape sugar; it is as delicate as Fehling's solution, and more stable. For preparation, see *Gazetta Chimica Italiana*, VI, 322; or, *Jour. Chem. Soc.* (Lond), 1877, I, 345.

India-rubber caps to feeding bottles, toys, etc., sometimes contain enough oxide of zinc to make them a source of danger.

C. Paul asserts that Paris violet (methyl-aniline-violet) is a reagent for bile; striking a red color. Demell and Longuet, however, demonstrate that it is only a physical mixture of the colors, consequently not reliable. These results are confirmed by Neubauer.

Gscheidlen uses, for the detection of the sulpho cyanides in animal secretions, ordinary filter paper which has been treated with dilute ferric chloride and hydrochloric acid. If there is placed, for example, some saliva on this prepared paper, there is formed around it a reddish coloration.

Gscheidlen has examined, by this means, the urine of twenty-two persons, and in every case obtained this reaction. Hence he concludes that sulpho-cyanogen is normally present in human urine.

Gangrene of the Appendix Vermiformis.

At a late meeting of the New York Pathological Society, Dr. Erskine Mason presented, on behalf of a candidate, a portion of intestine, including the appendix vermiformis. The history of the case was to the effect that the patient, a man of eighteen, was suddenly seized with a chill, followed by pain in the abdomen and other signs of peritonitis. After two days the symptoms improved for a short time, but on the third day death took place. At the autopsy the appendix vermiformis was found to be in a gangrenous state, and lodged in it was a foreign body the size of a pistol-bullet, and of the consistency of charcoal. Fibrine was found in the neighborhood of the caput coli.

Chloral Hydrate.

Dr. Liebreich has written to the *Lancet* respecting the necessity of using only the crystal drug, and he attributes unpleasant symptoms, and even death, to the use of impure chloral. He says that in America the worst impurities are met with, and speaks of the death reported by the *Medical Examiner* as perhaps due to this. In fact, he only believes in that manufactured at Berlin, to which he gives his signature.

Extirpation of the Kidney.

Mr. Jessop, at the Leeds Infirmary, removed the left kidney from a child, aged two years and three months, suffering from a rapidly increasing tumor, apparently malignant, in the left renal region. The incision was similar to that recommended for colotomy, but longer. When the diseased mass was reached, the kidney was peeled, by means of the fingers, and a whipcord ligature was passed around the vessels and ureter, and firmly tied. The re

mainder of the growth was afterwards stripped away, and the whipcord left, to drain the wound. The operation was a formidable one, owing to the large size of the diseased organ and the free venous hemorrhage which followed the separation of the growth from the surrounding structures. When removed, the kidney weighed sixteen ounces, and was encephaloid in appearance. The child was doing well at last report. There was no peritonitis, the bowels acted freely, and the urine flowed abundantly, and was not stained. There was no vomiting, the temperature was but little above normal, and the child partook freely of milk.

Sudden Death Following Parturition.

At the New York Pathological Society, May 23d, Dr. Putnam-Jacobi presented the heart taken from a primipara who died from dyspnœa five hours after labor. The dyspnœa continued for two hours. There was no coma. The interest of the case rested on the fact that at the autopsy no lesions were found. A clot was found in the right ventricle, extending into the pulmonary artery, but from its appearance it was *post-mortem*.

Dr. Janeway suggested the possibility of poisoning in cases where no lesions were found to account for the symptoms.

Correspondence.

Breast Trouble in Infants.

Ed. Med. and Surg. Reporter:—

About three years since my attention was first called to an infant suffering with both mammæ. On examination, I found the heat, pain, redness, swelling, hardness, and tenderness, usual to inflammatory troubles, and diagnosed inflammation of mammæ, caused, I supposed, by some direct injury sustained. On strict inquiry, I failed to find the cause. The child would neither eat nor sleep until the grandmother applied suction, by means of an inverted open end thimble, bringing away, to my surprise, about one-half drachm of milk. I say milk, because it looked like, and tasting like, had all the appearances of, that from the mother's mammæ. The child at once became quiet. This operation was repeated two or three days in succession, while local applications of olive oil and tincture of opium were made daily.

Since then I have been convinced that the attention of few physicians has been called to his, and, therefore, I made the following notes, preparatory to writing this. I inquired of the first seven families I met, of my patients, and they report as follows:—

Mrs.	H.	had	10	children.	Breast trouble in	1
"	T.	"	3	"	" "	0
"	E.	"	2	"	" "	2
"	McC.	"	8	"	" "	3
"	O.D.T.	"	4	"	" "	1
"	W. H.	"	3	"	" "	0
"	G.L.G.	"	8	"	" "	2
			38	children.	Breast trouble in	9

Males and females alike affected at a period varying from one day old to six weeks.

Although attention has been called to this by several authors I have read, yet from inquiries made of physicians I am satisfied many an uneasy and sleepless hour has been passed by parent and child, from ignorance of physicians on this subject.

Dr. Gross considers it "an inflammation of the glandular structure of the organ, and of the surrounding cellulo-adipose tissue," and remarks upon the "erroneous supposition that the disease is caused by an accumulation of milk, from which latter idea, at least in some cases, we most respectfully dissent. I have used the common breast pump in drawing out the secretion, but find it too large, and therefore, when I have to use anything for this purpose, resort to the usual remedy, the *old woman's* thimble. From my inquiries I find the "old women" have long known this. They always draw the breast and apply lard, declaring immediate ease to result to the little fellows, and that the milk dries up in a few days.

Then, closing, I say to your readers who meet with fretful, crying and restless infants, examine the mammæ, and if you find them hard, tender, etc., apply olive oil and tincture opium, muriate ammonia and water, or other appropriate remedy, and finally, failing, "draw the breast."

M. J. Eley, M.D.

LaFayette, Ala.

External Treatment of Pertussis.

Ed. Med. and Surg. Reporter:—

Permit me to call the attention of the profession, through your valuable journal, to the successful treatment of whooping cough by rubefacients and revulsive applications. My attention was first attracted to this mode of treatment by an intelligent old lady. Some four years ago, while visiting a patient in the family where she was residing at the time, I incidentally spoke of a granddaughter who was suffering from an attack of whooping-cough, and as she was but two years old and quite delicate, I expressed some doubts about her recovery. The old lady remarked that she could tell me how to cure her in three days, and said she had obtained the prescription over fifty years before, from the celebrated Dr. Drake, who was at that time her family physician in Cincinnati. The source from whence she got

the prescription made me anxious to know more about it. As she had preserved a copy, I will give it—

℞. Olei succini rectificatim,
Tincturæ opii,
Aquæ ammoniæ,
Olei olivæ, āā ℥j. M.

Sig.—Rub along the whole track of the spine two or three times a day; to be discontinued when the parts become tender.

As soon as I returned from my visit, I prepared the liniment, according to the formula, and immediately commenced the treatment. The patient at the time had terrible paroxysms of whooping. The result was that whooping ceased entirely in less than three days. The relief was so prompt I was confident it was brought about through the use of the liniment, as I had dropped every article of medicine after commencing the local applications.

I have, since that time, used the same treatment through several epidemics of the disease, and always with success. The treatment should not be commenced until the whooping paroxysm sets in. Just how, or through what channels the cure is effected, I am unable to say, but facts are stubborn things. I will only hint that the action of the medicine may be through, or on, the communicating branches of the pneumogastric nerve, the spinal accessory, first and second cervical, and sympathetic. I have no other object in giving this to the profession than to stimulate others to a trial, and in return beg them to give the profession the results of their observations.

H. Mallory, M.D.

Hamilton, Ohio, July 10th, 1877.

On Medical Charities.

Ed. Med. and Surg. Reporter:—

I have been greatly interested in the articles recently published by you upon the question of the abuse of medical charity. The first article (May 12th) stated thirty to thirty-five per cent. as the proportion of the population of New York city receiving gratuitous medical attendance. At least an equal proportion receive such attendance in this city, and I have no hesitation in saying that at least four-fifths of the charitable service in Philadelphia is misdirected, and bestowed upon unworthy objects.

A largely increased exercise of discrimination in this respect is urgently needed. The custom at our free dispensaries and hospital and college clinics is to prescribe for all who make application. This is altogether wrong, and simply encourages the already too prevalent imposition upon charity. No patient should be prescribed for on a free list until strict inquiry has been made and the applicant found to belong to the "worthy poor."

Free dispensaries and hospitals, however, are not wholly to blame for the gratuitous service rendered the public. There is little or no practical difference between prescribing for nothing and giving a credit which may run, if the debtor desires, till the day of judgment. For this the profession at large, or, I should rather say, nearly every member of it, is responsible. If every physician would insist upon cash for his services in every case where the ability to pay cash exists, we should be relieved from an immense amount of entirely unnecessary labor, and the respect of the public for the profession would be largely increased. Professional services are valued, as are other things, very much in proportion to their cost, and the members of the profession who are most respected are they who place a value upon their services, and insist upon remuneration therefor. Many physicians have an ambition to secure the reputation of having a large practice, and it is such a general custom to attend to calls from any service, upon any occasion, or without occasion, pay or no pay, that there are actually in this city many people (otherwise well informed) who think there is a law which compels a physician to attend, if called upon. I have frequently been asked if such were not the case.

There is no more reason why a physician should give his service for nothing, or extend an indiscriminate credit to his patient, than there is why a grocer or dry goods merchant should distribute his stock of goods to every applicant, without money or any understanding as to settlement for the same; or, as I said to a demurring case, not long since: "You expect to pay for this medicine, do you not?" "Certainly," was the reply. Very well, which is the more necessary, the writing or the compounding of this prescription; and if one is as essential as the other, why should you not pay for the one as well as the other?"

We are told that it is the duty of the physician to relieve suffering and distress; granted; but is it more the duty of the physician to extend his aid than that of the friends and relatives of the sufferer to secure that aid by providing a proper return therefor.

Let us, in the name of right and justice, have done with this indiscriminate way of doing business. Let us insist upon payment where the ability to pay exists, and if we find a sufferer who is worthy of assistance and unable to pay for service, let us extend our aid in such case, for the sake of sweet charity, and have it so understood, that we may have credit for the deed, instead of, as at present, making an entry on our books, and having our patient forget his debt of gratitude which he could pay, in the remembrance of his pecuniary obligation which he cannot pay.

I hope this subject will continue to be discussed and agitated until the reform which ought to take place in reference to this matter shall have become an accomplished fact.

G. E. Dalton, M.D.

64*th and Vine streets, Philadelphia.*

News and Miscellany.

Boylston Medical Prize Questions.

The following are the questions proposed for 1878:—

1. Antiseptic treatment. What are its essential details. How are they best carried out in practical form?

2. Diphtheria. Its causes, diagnosis, and treatment.

The author of a dissertation considered worthy of a prize, on either of the subjects proposed for 1878, will be entitled to a premium of Seventy-five Dollars.

Dissertations on the above subjects must be transmitted, postpaid, to J. B. S. Jackson, M.D., Boston, *on or before the first Wednesday in April*, 1878.

The following are the questions proposed for 1879:—

I. The relation of animal contact to the disease known as Hydrophobia.

II. Evidence showing that so-called "filth diseases" are not dependent upon "filth."

The author of a dissertation considered worthy of a prize on either of the subjects proposed for 1879, will be entitled to a premium of Two Hundred Dollars.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1879.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be inclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the President of the Committee, J. B. S. Jackson, M.D., in a distinct and plain handwriting, *and with the pages bound in book form*, within the time specified.

Any clew by which the authorship of a dissertation is made known to the Committee will debar such dissertation from competition.

Preference will be given to dissertations which exhibit original work.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

A New Hypnotic—Taking His Own Prescription.

Very few physicians are found taking their own prescriptions; such, however, is the beautiful and yet comic spectacle presented by the physician of the Czar of Russia. It seems that the royal patient was unable to sleep or rest; suffering all the time from nervousness during the day and restlessness at night. After trying all remedies in vain, the medical attendant recommended the autocrat to "go to the front;" this prescription was immediately taken, but the physician was required to take it also; his royal master went "to the front," but took his prescriber with him.

Personal.

—Dr. S. W. Thayer, of Burlington, Vt., has received the degree of LL.D. from the University of Vermont.

—Dr. Balfour has resigned the office of Dean of the Medical Faculty in the University of Edinburgh.

Items.

—The British Parliament appropriates $10,000 a year to scientific investigations into the causes and processes of disease.

—The Renewal of Prescriptions in Germany has recently been forbidden by law, except on the order of the physician originating the prescription, whenever it shall contain powerful medicines, such as drastics, emmenagogues, emetics or opiates.

—Ustilago Maidis, by which is meant the smut or "Ergot" of Indian Corn, has been employed for the same purposes as ergot of rye, and with reputed success. Considerable attention is bestowed on it in some quarters.

QUERIES AND REPLIES.

Exophthalmic Goitre.

Mr. Editor—Seeing inquiry by "J. M." on the proper treatment of exophthalmic goitre, I will give him my experience. Patient about 30 years of age, of full habits. Had been successfully treated by me with electricity, in the usual manner, for nasal catarrh. I determined upon this means for the goitre, and after each *general* treatment with the mild current (faradic), I applied a weak ascending current of galvanism through the sympathetic, on each side, after which, one pole placed in the submaxillary region, and the other over the closed eyelids, continuing about three minutes. These treatments were kept up about five weeks, daily, with steady improvement; and finally he went west, saying that he "felt about as well as ever in his life." I gave him some slight tonic medicine only, and attribute the cure wholly to electricity.

Respectfully, J. D. S. Smith, M.D.,
Bridgeport, Conn. 117 State street.

M. J. E.—What is the formula for "Mustang Liniment"?

DEATHS.

Arnold.—In North Londonderry, Vt., June 4th, Dr. J. W. Arnold, aged seventy-five years.

Kemp.—July 9th, at Callicoon Depot, Sullivan Co., N. Y., of pneumonia, Arthur Ferrie, only child of Dr. S. A. and Emma Kemp, aged one year and eight months.

Martin.—On Thursday, 28th of June, 1877, Jessie Gertrude, daughter of Dr. J. B. S. Martin, and granddaughter of Dr. J. P. Martin, aged one year, four months and two days.

"A little bud, too pure for earth,
'Twas only lent, not given,
To suffer here a few short days,
And then go home to heaven." J. P. M.

DUCRO'S
ALIMENTARY ELIXIR,

A COMBINATION UNITING THE PROPERTIES OF

ALCOHOLIC STIMULANTS AND RAW MEAT.

This preparation, which has been used with great success in the hospitals of Paris, since 1868, is adapted to the treatment of all diseases requiring the administration, in a small volume, of a tonic able to stimulate and support the vital forces, as *Pulmonary Phthisis*, *Depression* and *Nervous Debility*, *Adynamia*, *Malarious Cachexia*, *etc.*

Prepared by DUCRO & CIE, Paris.

DOCTOR RABUTEAU'S
DRAGEES, ELIXIR & SYRUP

Of Proto-Chloride of Iron.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees*, *Elixir and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules*.

"The ferruginous preparations of *Dr. Rabuteau* do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hopitaux.*

Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily because of its agreeable taste.

DOCTOR CLIN'S
CAPSULES AND DRAGEES

Of Bromide of Camphor.

"These remedies are prescribed when it is necessary to produce an energetic sedation on the circulatory system, and particularly on the nervous cerebro-spinal system.

"They constitute one of the most energetic *anti-spasmodic* and *hypnotic* medicines."—*Gazette des Hopitaux.*

"*Dr. Clin's Capsules and Dragees of Bromide of Camphor* are those employed in all the experiments made in the Hospitals of Paris."—*Union Medicale.*

Dr. Clin's Capsules contain 4 grains, and the Dragees 2 grains, of genuine Bromide of Camphor.

N. B.—*Dr. Clin's Gluten Capsules* are very rapidly dissolved in the stomach, and should be preferably employed for a long treatment, and when the administering of Bromide of Camphor at a great dose would be considered as beneficial.

Prepared by CLIN & CO., Pharmacists, Paris.

DOCTOR GIBERT'S
DEPURATORY SYRUP AND DRAGEES,

OF IODIZED DEUTO-IODIDE OF MERCURY.

These preparations have been approved by the Academy of Medicine of Paris, and have been thoroughly tested in the hospitals of Paris in the treatment of *Syphilitic*, *Scrofulous* and other affections requiring the use of iodized remedies.

They are recommended for the utmost accuracy of composition, and their perfect preservation.

Prepared by VAUQUELIN-DESLAURIERS, Chemist, Paris.

E. FOUGERA & CO., Agents, New York.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians: —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does: and it produces much less constitutional disturbance.

2d. It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly*: the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say: —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE: and by direction I made a qualitative examination for *quinine, quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine*, and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN, June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875
"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.
"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY.
908 East Cumberland St., Philadelphia, Penn.,
Feb. 20, 1876.
"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.
"F. A. GAMAGE, M.D."

☞ *Price-Lists and Descriptive Catalogues furnished upon application.*

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(SUCCESSORS TO JAMES R. NICHOLS & CO.)

BOSTON, MASS.

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Original Department.

Communications.

RETINITIS ALBUMINURICA.

BY GEORGE C. HARLAN, M.D.,

Surgeon to Wills Ophthalmic Hospital.

(Read before the Philadelphia County Medical Society.)

Cases of albuminuria, in which the first intimation of the nature of the disease is given by the ophthalmoscope, have become quite common in ophthalmic practice. So long as they continue to recur, however, they may be worth recording, if only to impress the important lesson of the necessity of a careful examination of the urine in any case of disease that admits of the slightest doubt in diagnosis. Of the following cases, that have recently come under my observation, in some, the heart, liver, lungs, or brain, had been unjustly blamed, or the diagnosis of rheumatism had been made, while in others dimness of vision was absolutely the only symptom complained of, and the print of a terrible disease was discovered on the retinæ of persons who considered themselves in perfect health.

In several of these latter cases, where the disease was evidently far advanced, I have been painfully startled by finding, quite as unexpectedly to myself as to the patient, the death sentence written in the fundus of the eye.

The affection is so chronic and discouraging, so little is usually accomplished by treatment, and the retinal complication is so generally overshadowed by the greater urgency of other symptoms, that the ophthalmic surgeon rarely has the opportunity of following a case to its close. Hence, it happens that though many cases of albuminuric retinitis have been observed, and the retinal changes carefully noted, the number of those in which the subsequent histories have been recorded is comparatively small. With one exception, none of the cases reported below remained under my care; the patients were referred for treatment to their family physicians, from whom I have learned the final result.

Case 1.—S. P., a gentleman 35 years of age, a picture of health, applied to me December 14th, 1874, stating that he had noticed a dimness of his left eye two weeks before, which had rapidly increased, and that there was now a just perceptible failure of the right. He had had no other symptoms of ill health, except that he "felt a little run down," and had slight oppression after exercise. No headache, no œdema, nothing unusual noticed about urination: appetite and digestion good. There were slight anæmic heart sounds, but no increased impulse. In right eye $V=\frac{20}{XXX}$, in left $V=\frac{20}{CC}$; ophthalmoscopic examination showed well-marked retinitis albuminurica in the left eye, and a few small specks about macula, and some slight hemorrhagic extravasations in the right. The urine was found to be highly albuminous, and the microscope showed hyaline casts. This patient died on March 3d, 1875, after several violent convulsions.

Case 2.—Mr. P., September 11th, 1874. Had been a hard drinker for years, and out of health for some time. No anasarca until within a few days, when œdema of face was noticed. Fail-

ure of vision for several weeks. At time of examination O. D. V=$\frac{15}{XXX}$, O. S. V=$\frac{15}{LXX}$. Well-marked retinitis albuminurica. Abundant albumen, and well-marked casts in urine. Died December 8th, 1874, suddenly, in slight convulsions, while at dinner.

Case 3.—Mr. C., aged 18, February, 1874. Had suffered a good deal with headache for some time, but had been at work in a mercantile position until within a few days, when the pain grew worse, and sight commenced to fail. Had had no symptom to excite suspicion of the kidneys. An older brother, who had died several years before, of "brain disease," had become blind before death. Ophthalmoscopic examination showed typical retinitis albuminurica in both eyes, and the urine was found to be loaded with albumen. Mr. C. died in the latter part of May.

Case 4.—Mrs. J., aged about 65, October 10th, 1875. Had had dimness of vision in left eye for about three months. No pain or other eye symptoms. General health as good as it had been for many years, perhaps rather better. Occasional slight œdema of ankles. Subject to neuralgic headache for many years, but not more so of late. A. D. V=$\frac{10}{LXX}$, O. S. V=$\frac{20}{XX}$; ophthalmoscope showed, in right eye, hemorrhagic retinitis, extravasations scattered all over the retina, in irregular blotches, edges of disc slightly blurred, and retina around it œdematous. In addition to this, there were several whitish spots in region of macula, which excited suspicion of albuminuria. The specific gravity of the urine was 1010, but no trace of albumen could be detected. A second careful examination of the urine was made some weeks afterward, with the same negative result.

December 9th, 1875. The vision of right eye had still further diminished, and ophthalmoscopic examination showed "no new extravasations, and old ones partially absorbed; œdema of retina increased; decided increase in number and size of whitish spots; media not quite clear; several small floating specks seen in vitreous, one of them scintillating." Left eye still unaffected. A third testing of the urine showed it highly albuminous.

More than eighteen months afterward she is reported as in about the same condition, if anything rather better, and less proportion of albumen in urine. The left eye is said to be unaffected.

Case 5.—T. H., aged 52. September 9th, 1875. Had been out of health for about a year, and for some months had had occasional mistiness of vision, blurring of letters in reading, etc. At the time of examination he could make out $\frac{20}{XX}$ with some difficulty, but could read fine print only in limited portions of the visual field, to the inner side with each eye, though the field appeared uniform when tested with chalk. The ophthalmoscope showed neuro-retinitis, with several white spots beneath the nerve fibre layer, which gave "some resemblance to retinitis albuminurica." The urine was found to be highly albuminous, and contained casts, etc. In a few weeks the patient could not see to read at all. He died comatose, December 19th, 1875. Post-mortem examination showed contracted kidneys and hypertrophied heart.

Case 6.—J. H., aged 64; said he had diabetes three or four years before, but got quite well of it. Sight good until within four weeks. Had been subject to headache, feeling of weight on top of head, etc., some mental confusion and slight loss of memory. Had binocular right hemiopia, but could read the small words in Snellen's finest type in the left field. Ophthalmoscopic appearances normal, except slight congestion of retinal veins and several small spots at each macula, suggesting albuminuria. Albumen was found in the urine, but no trace of sugar. This patient had evidently had an extravasation in the left cerebral hemisphere, to which the visual disturbance was chiefly due. Nine months afterward there was little change in his condition.

Case 7.—A. C., policeman, aged 46; October 4th, 1875. Left eye defective, from an old injury. The right commenced to fail about a week before he applied for treatment at the Wills' Hospital. Considered himself in perfect health, except slight headache in the morning, to which he had been subject for years, and which had not increased of late. No œdema; appetite good. Was on duty as usual the night before. Two years before he had had strangury and hæmaturia, which lasted only a week. In last two weeks had been obliged to rise at night to urinate V=$\frac{20}{c}$. Typical retinitis albuminurica. He visited the clinic occasionally for nearly a year, continuing to perform the duties of policeman most of the time, and finally, at the end of sixteen months, died in convulsions, at the Pennsylvania Hospital.

For the notes of the following three cases I am indebted to Dr. S. W. Mitchell.

Case 8.—"J. S. T., aged 49; United States Navy. Long and arduous service, and bad habits as to alcohol in his younger life. Never syphilitic; used tobacco in all forms, chewing and smoking up to date of attack. He had never been ill, or indeed at any time unfit for service. In 1873–4, his ship lay eighteen months in Rio harbor, where, enfeebled by climate, he began to perceive a weakness of the right leg. January 14th, 1875, while at sea, in a gale, he had a slight hemiplegia on the right side, which in a few days became worse. Both sensation and motion were attacked, but neither was altogether lost. The face was involved but little.

"I saw him in April, 1875. His loss of power was at this time hardly to be perceived, and there was no sensory loss. He complained of want of strength, and was pallid and feeble, but without œdema anywhere. His eye ground all around the disk was beautifully spangled with star-like blotches, of almost silvery whiteness, but there were no recent stains or blood blotches, and the circulation of the disk itself was notably good. The urine contained albumen in small but variable amount, and a large amount of renal, epithelial and granular casts, dotted with nuclei. This gentleman died suddenly, in convulsions, about three months later. No examination was allowed."

Case 9.—"I saw, in April, three years ago, a girl, æt. 18, who came to me for headache. She had absolutely no other trouble of which she knew, and I was startled when I saw her eye ground, which was covered with new and old patches of inflammation, so that it was marvelous how her sight could have been preserved at all. It was fairly good, and she read, sewed, and wrote, easily. Her left eye presented a curious appearance, for two reasons. The disk was injected and the edges vague, and along the main artery was an extravasation of blood, which seemed recent, and must have followed the sheath and somewhat squeezed the vessel. Also, beside the patches there was a congenitally deformed disk, the nerve sheaths being prolonged on to the retina on one side of the disk.

"This girl had a small amount of albumen in her urine, which reached from two to four pints a day. Specific gravity, 1014 to 1019. Faint granular casts, no explanatory history. The retina certainly improved under treatment of the kidneys. I lost sight of her in a year."

Case 10.—"Mr. K., aged sixteen. The father died of Bright's disease. The boy came to me swollen enormously and nearly blind. He could not read at all, and had to give up keeping books, on account of his eyes. He took iron, in doses of twenty drops tincture chloride every two hours, and lost his dropsy, and, with much less albumen, recovered his vision and went back to his work. He died at last, in awful spasms. At that time I could not use the ophthalmoscope, and so did not see his eye ground." Though there was no positive objective diagnosis of retinitis in this case it scarcely admits of a doubt. The history is not that of the transitory or intermittent form of blindness without ophthalmoscopic changes, called uræmic amaurosis, the only other form that could be suspected. It is interesting, on account of the marked improvement in vision, though the kidney disease progressed to a fatal termination.

Several points of interest are suggested by the study of these cases. In the first seven cases, and in one of Dr. Mitchell's, there had been no suspicion of the kidneys until the ophthalmoscopic examination directed attention to them. A typical case of this form of retinitis is positively pathognomonic of kidney disease, at least as positively as the appearance of albumen in the urine, which it may even anticipate by weeks or months, as illustrated by Case four. Another point of interest in this case, which may be noted in passing, is the very unusual circumstance of the disease remaining confined for so long a time to one eye. Cases five and six have also some interest aside from the present subject, as illustrations of two different forms of hemiopia which are sometimes confused; in one instance we have bi-temporal hemiopia, incomplete and with vague and irregular boundaries, the result of the retinal lesion; in the other, binocular right hemiopia sharply defined, a symptom of intracranial extravasation from altered and weakened vessels. There was also, in all probability, an intracranial extravasation in one of Dr. Mitchell's cases, as shown by the hemiplegia.

The degeneration of the arterial coats accompanying Bright's disease is probably a more frequent cause of cerebral apoplexy than is usually supposed.

Dr. Dickinson (*Medical Times and Gazette*, May 6th, 1870) makes the rather startling statement, that at least two-thirds of the fatal cases of extravasation within the cranium occurring in London are accompanied with granular kidney.

The characteristic opthalmoscopic appearances of a well marked case of albuminuric retinitis are easily recognized, and once seen can never be forgotten. Though in the early stages the appearances may not be distinct from those met with in other forms of retinitis, and may merely suggest albuminuria, still, when they are typical, the swollen disk with a grayish opacity of the retina obscuring its outline, the zone of large white spots, the striated extravasations, and the peculiar white stellated dots radiating from the macula, form a striking picture which cannot be mistaken. The amblyopia, which is usually considerable, is not always in proportion to the extent of the ophthalmoscopic changes, but depends principally upon the degree to which the macula is involved. Complete blindness is almost unknown. Graefe saw it in one case, and one is reported by A. Wagner, in *Virch. Arch.*, xii, p. 231.

The tissue changes in the retina in this disease have been studied microscopically by Virchow, Müller, Graefe, Schweigger, Liebreich and others, and have been found to consist chiefly of fatty-degeneration in the granular layer, hypertrophy of the interfibrillar connective tissue, sclerosis of nerve fibres and blood vessels, and hemorrhagic extravasation. No satisfactory explanation has been given why this particular group of retinal lesions should be a result of kidney disease. Traube attributes the retinitis to the hypertrophy of the heart that usually accompanies it, and Schweigger also considers this an essential condition; but when we remember that in an enormous proportion of cases of cardiac hypertrophy there is no affection of the retina, that cases of albuminuric retinitis without hypertrophy have been reported by good observers, and that this peculiar condition of the retina is met with only in connection with kidney disease, it would seem that this theory has little beside high authority to support it.

On the other hand, some authorities maintain that peripheral vascular changes, contraction of the arterioles, may be the cause, not only of the cardiac hypertrophy, but of the primary disease of the kidneys itself. Dr. Gowers, in the *British Medical Journal*, August 19th, 1876, details some interesting ophthalmoscopic observations, which tend to show that in Bright's disease, when the pulse is incompressible, there may, as a rule, be seen reduction in size of the retinal arteries independently of the retinal disease. Cardiac hypertrophy invariably accompanied this contracted state of the retinal arteries.

The association of retinitis albuminurica with the granular form of kidney disease, has been found to be so nearly invariable, when post-mortem examinations have been made, that it has become a question whether its occurrence in any other form is possible. In Case 5, the only one of those reported above in which a post-mortem examination was made, Dr. James H. Hutchinson found typical granular kidneys, and hypertrophy of the heart. The history and symptoms in the other cases point to the same form of disease. In only three was there the slightest anasarca, which was occasional and barely perceptible in one, and appeared at a very late stage of the disease in another. This symptom is rare enough to be considered exceptional in the histories of cases recorded in medical literature.

Cases of albuminuric retinitis, however, in which waxy kidneys were found in post-mortem examination, are recorded by Grainger, Stewart, Allbutt and Traube, and its occasional occurrence after scarlet fever may be accepted as proof of its possible coincidence with epithelial nephritis.

The fact that albuminuria may be a result of lead poisoning is well established, and Dr. L. Danjoy, in 1864 (*Arch. Genl. de Medicine*) reported several cases of albuminuric retinitis occurring in patients suffering from this affection, and advanced the opinion that "in certain cases, amaurosis observed in connection with lead poisoning is simply albuminuric amaurosis." The following case, for the notes of which I am indebted to Dr. James H. Hutchinson, is probably an illustration of this form of disease.

"H. H., aged forty-eight, admitted to the Pennsylvania Hospital, April 11th, 1874. Has been a house painter for twenty-eight years, and in 1857 he was crippled for six months by lead palsy; he never, however, had any further symptoms of poisoning by lead. Had acute rheumatism twenty-six years ago, and two other attacks a few years later. Has for many

months past been in the habit of rising at night to pass his urine, and in December last he began to suffer from dimness of vision and giddiness. He shortly afterward applied at the Wills Hospital for the relief of his eye troubles, and, on ophthalmoscopic examination, the changes of advanced retinitis albuminurica were found by Dr. Norris. His urine was found to contain albumen and granular casts. He has never had any dropsical symptoms."

The prospect of more or less improvement in vision in cases of albuminuric retinitis, though extremely discouraging, is not necessarily hopeless. Cases of cure are reported, though they must be considered exceptional. Three cases, on the authority of Graefe, are frequently referred to. Höring (*Ophthalmic Review*, vol. I, p. 159,) reported the case of a boy of fourteen, who had, six years previously, suffered from a severe attack of scarlet fever, with albuminuria and retinitis; at that time the visual power was only quantitative. A year later he appeared healthy, and, by means of weak convex glasses, was able to perform the usual school tasks without difficulty. At the time of the report, he was an athletic boy; the heart and urine normal in every respect. There had been no change in vision for four years. The ophthalmoscope showed the disk of a dull whitish color, and its margin indistinct. There was a dull whitish ring around the disk, and some whitish spots.

In the same journal may be seen the report, by Dr. F. Horner, of the case of a child, eleven years old, who had had some eruptive fever; a few weeks afterward, convulsions, unconsciousness, dimness of vision. Urine highly albuminous. Typical retinitis albuminurica far advanced. Nine months afterward could read No. 1 Snellen. Ophthalmoscopic appearances much improved, but the white zone around the papilla had not quite disappeared, and there were still a number of white spots about the macula. Two years and a half after the commencement of the attack could see well and appeared in health, though the urine was still highly albuminous.

In the *Annales d' Oculistique*, for January, 1874, Brecht reports the case of a woman, 28 years of age, who, in the sixth month of pregnancy, was seized with convulsions and dimness of vision in connection with albuminuria. Vision in both eyes was reduced to the ability to count fingers. There was typical retinitis albuminurica, and considerable retinal separation in both eyes. Four days after abortion the albuminuria had disappeared, the retina in each eye was reapplied to the choroid, and the signs of retinitis had disappeared. There was some permanent injury to the retina and choroid, but fair vision was restored. The same author refers to two other cases similar to this, except as to separation of the retina; vision was restored in both, and the signs of retinitis disappeared.

The progress of the retinal disease is so generally cut short by the death of the patient that few opportunities are afforded for observing the natural history of this form of retinitis. The case recorded by Dr. Mitchell (Case 10), in which the patient regained his vision, though he afterward died of the kidney disease, and that quoted above, in which, at the end of more than two years, the sight was found to be good, though the urine remained highly albuminous, seem to show that albuminuric retinitis may run its course with a certain degree of independence of the general disease. Brudenell Carter, in his recent work, reports a well marked case in which conspicuous retinal opacities cleared up in both eyes, and vision, which had been nearly abolished, rose to $\frac{16}{xx}$, though the patient died a year later, with all the symptoms of Bright's disease; and Wecker reports a somewhat similar case.

A point of still deeper interest is the value of this symptom in the prognosis as to life. It is considered by nearly all authorities to be a late symptom, a sign of an advanced stage of the kidney disease; it is, therefore, a very alarming one, almost hopeless in fact, except, perhaps, in cases originating in scarlet fever or during pregnancy.

The occasional occurrence of retinitis soon after the first appearance of albumen in the urine, or, as in Case 4, even some time before it, has induced some writers to consider it a symptom of the earlier stage of the disease. There is a mass of clinical facts, however, quite sufficient to positively negative this opinion, and the circumstance on which it is founded merely shows the insidious character of chronic kidney disease, and the fact that it may exist without albuminuria; or, rather that the appearance of albumen in the urine may be variable, and that many examinations may be made without detecting it. In the *Lancet* for November 15th, 1873. James Hogg reports the

case of a patient with typical retinitis albuminurica who was admitted to one of the London Hospitals four days before death. The urine was examined carefully each day, and sometimes twice a day, but no albumen ever found. Post-mortem examination showed granular kidneys, and tubes blocked with fatty epithelium.

Of forty cases of albuminuric retinitis in which the subsequent history has been recorded, taken indiscriminately from the various sources that chanced to be within my reach, three may be fairly said to have ended in recovery both of the retinal and general disease; in one vision was restored, but the urine remained albuminous at the end of two years; in three the patients were still living, with more or less progress of the disease, a year or more after the discovery of the retinitis, and the remaining thirty-three terminated fatally at various periods, averaging about four months.

REMARKS ON THE BEST METHODS OF PROMOTING POST-PARTUM UTERINE CONTRACTION.

BY GEORGE B. FUNDENBERG, M.D.,
Of Cumberland, Md.

Expression of the placenta was first recommended by Credé, and other German writers, who taught that the placenta should never be removed by traction upon the cord, but by seizing the uterus through the abdominal walls, and squeezing out its contents. This was certainly a step in advance, and Playfair made another, even more important, move in the right direction when he insisted that, "in every labor, however normal, the practitioner should never remove his hand from the uterus after the birth of the child, until the placenta is expelled," and that he should "keep up continuous uterine contraction for at least half an hour after delivery, not necessarily by friction on the fundus, but by simply grasping the womb with the palm of the hand, and thus preventing undue relaxation." He also recommends the administration of ergot twenty minutes before and twenty minutes after delivery.

Playfair insists upon the extreme value of this proceeding in the prevention of post-partum hemorrhage. In addition to this, I wish to call your attention to the many other advantages of this method, and especially to its value in the prevention of that form of septicæmia which arises from auto-infection. And as septicæmia is more frequent than dangerous post-partum hemorrhage, and more to be dreaded, because less under control, it becomes a question of prime importance whether the claim here made for this method of prevention can be sustained at the bedside. And as prevention is better than cure, any method that in a marked degree tends to prevent post-partum septic infection, must be hailed as an important advance in this department. If in addition to this, it will at the same time rescue the patient from the dangers of post-partum hemorrhage, while it nearly annihilates the after pains, and signally promotes uterine involution, its value must be greatly enhanced. It will be evident that the prophylactic value of this method will be most exhibited in those cases which arise from the retention of putrid material formed in the uterus and genital passages; but a firm contraction of the womb and the consequent emptying of the vagina, may play an important part in the prevention of septic poisoning derived from without. Billroth lays it down as a law, that recent granulating wounds covered with pus cannot absorb. But is the placental disk from which the placenta has been recently separated, a wound? It certainly does not granulate, nor can the discharge from it be considered pus. It presents, however, when the uterus is relaxed, an open surface with numerous gaping sinuses, ready to imbibe whatever may be presented to their mouths, and this imbibition may be favored by the alternate relaxation and incomplete contraction of the uterus. Is it unreasonable to suppose that there may be a suction exercised by these sinuses under these circumstances? At least, it is certain that the laws which govern the diffusion of fluids must obtain here as elsewhere.

In the relaxed condition of the uterus and vagina after parturition, filled as they are with retained coagula and the detritus of broken down tissue, air is readily admitted, and putrefaction advances, by contiguity, from the external coagula to those more deeply seated. The temperature of the body under these circumstances favors rapid putrefactive changes, so that during the seventy-two hours succeeding delivery enough of septic poison may be introduced into the system to produce the most deplorable results. Is it not possible, also, that under these circumstances, with coagula blocking up the os uteri and vagina, an inefficient

contraction, and especially a partial one, may actually inject septic poison into the maternal sinuses. Whatever may be thought of these suggestions, every practitioner will recognize the value of that method which most certainly insures an enduring tonic contraction of the womb.

When we compare at the bedside the results following the old method, and the one I have been advocating, I believe every physician who has tried both will not hesitate long in delivering his verdict. How often do we witness cases in which, under the usual method of treatment, the placenta is without delay removed by traction, followed by the immediate application of the binder, and this succeeded by the administration of an opiate, which, if it have any other effect than annulling the perception of pain, most probably increases and makes more enduring the uterine relaxation. In many of these cases the after pains are more dreaded than those of labor, and the poor woman is worried and exhausted by ever recurring pains, until, in many cases, a state of uterine irritation is induced, bordering closely on inflammation, and occasionally terminating in it. How often have we seen patients treated in this manner discharging coagula even at the end of the third week. It is easy to know how slowly and imperfectly involution must take place here, and how surely hyperplasia and displacement must occur. How different is the result when the placenta is carefully and leisurely expressed, the womb held in the grasp of the hand and a tonic contraction insured, and when ergot given at the proper time comes in to take the place of the hand, and holds the uterus in its unrelaxing grasp. For that ergot establishes and keeps up a tonic contraction cannot be doubted. When a good preparation is given, in sufficient doses and at proper time, it rarely disappoints our expectations. When so timed that its full effect is obtained in half an hour after delivery, that is, as soon as the uterus is freed from the grasp of the hand, the full value of the method is illustrated. I do not wish to be understood as maintaining that this method will, in every case, produce these results, but that the cases are very few in which it fails, and even in these, in which the tendency to relaxation is unusually strong, the repeated use of ergot every four or six hours will give entirely satisfactory results. It is as a promoter of uterine condensation after parturition that ergot finds its most important therapeutical application. A short time ago I was called to a lady in her eighth confinement, in the last six of which I have been her attendant. This lady has been unusually subject to post-partum hemorrhages, and to severe and continued after pains, with all the unpleasant effects that follow. In her two previous accouchements she nearly lost her life by these floodings, and in the one previous to the last, I only succeeded in causing uterine contraction by introducing a piece of ice into the womb. In her late confinement, I adopted the method recommended above, by the careful expression of the placenta, keeping the uterus in the grasp of the hand for thirty minutes, and the use of ergot before and after delivery, and although there was a rapid gush immediately after the delivery, the bleeding was easily controlled. The after pains were remarkably modified, and her recovery was unusually rapid, so much so, that she repeatedly inquired what could be the cause of such a difference between this and her former labors. And let it be remembered that this signal change occurred in the eighth pregnancy, when, other things being equal, the inertia of the womb should have been greater. I could cite a number of other cases equally significant, but, "*ex uno disce omnes*," they all teach the same lesson.

The ulterior results of insufficient uterine contraction are numerous. To this, in the large majority of cases, must be ascribed the hyperplasias, the menorrhagias, the leucorrheas, the displacements, and the other innumerable ills that follow in their wake, and that give such constant employment to the gynecologist, and which so often constitute the opprobria of the profession.

ABSORPTION BY THE VAGINAL MUCOUS MEMBRANE.

BY E. T. EASLEY, A.M., M.D.,
Of Little Rock, Ark.

In 1876 (April 1st) I published in this journal a paper on "Systemic Infection from Purulent Vaginal Discharges." I then undertook to show that constitutional implication by absorption was not an improbable sequence of profuse and prolonged leucorrhœas. This conviction had been acquired by a somewhat careful study of the subject from several attitudes. In the first place, the anatomical structure and

physiological action of the parts involved seemed highly favorable for the reception into the circulation of extraneous matters fit for absorption. Secondly, the morbid processes concerned in the production of these purulent collections appeared eminently suggestive of a liability to toxæmia. And again I mentioned several cases in which the correctness of the conclusion was clearly indicated. Since that time I have had occasion for further observation, and to review my opinions, which have been in no sense changed, but rather confirmed.

I have frequently remarked the extensive shedding of epithelium in protracted leucorrhœa, and it is not likely that there is ever such a discharge, however limited, in which there is not more or less desquamation of the epithelial lining of the vaginal surface.

The transudation of retained materials under such conditions is not only rational but demonstrable from the readiness with which soluble chemical agents are taken up. The singular uncleanliness of many women among the lower orders, under such circumstances, is well known, as are also their vicious habits of life and constitution. These discharges, notwithstanding their offensiveness, come to be thought a necessary evil; they continue for months, even for years, so excessive in quantity as to exhaust the patient and so acrid as to excoriate the external genitalia. I have seen that a number of substances readily enter the circulation even in a normal condition of the vaginal mucous membrane, and certainly that they are much more prone to do so when that structure is diseased.

My experiments in this direction, though definite and conclusive as far as they go, were not so numerous as to render them worthy of detail. By far the most methodical and conclusive tests of the fact were those of Hamburger, of Prague, made (*Prager Vierteljahrschrift*, B. C. xxx, p. 245) September, 1876. It is fair to say that they were sufficiently exhaustive to determine any doubt which may have existed in the professional mind upon the subject. Attention is now invited to them because they are more convincing than any *à priori* argument could be. Plugs of cotton impregnated with various solutions were introduced into the vagina, and allowed to remain for twenty-four hours, the urine in the meantime being drawn off and tested. The solutions introduced were tannin, salicylic acid, and various salts of iron, potash and lithium. All these substances could be detected in the urine in the course of two or three hours, and were still perceptible after the lapse of twenty-four hours. The procedures were repeated again and again, the results being invariably the same.

Every one admits the frequency of septicæmia from disorganized products, the results of disintegrating processes in the rectum, bladder and ischio-rectal fossa. All that is now claimed is that similar consequences are to be expected from like causes in the vagina. It is almost certainly true that various degrees of blood vitiation may be so caused. I believe that the malaise, sickness, and death itself in these cases, is frequently produced not so much by exhaustion from the amount of the discharge alone considered, as by the blood poisoning.

It is not the purpose of this paper to discuss the treatment of leucorrhœa: that is so well understood as to be familiar to all. If our conclusions are correct, there can be no question as to the leading indications. Tonic, and supporting measures, and absolute cleanliness, are to be enjoined, and all vaginal washes should be antiseptic.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

(Reported Especially for the Medical and Surgical Reporter.)

Opium Poisoning.

Dr. Leonard. On last evening I was called to see a man suffering from morphia poisoning. During the late war he was wounded in the arm, and amputation was performed. On account of a neuromatous condition of the stump two subsequent amputations were necessary. To relieve the intense neuralgia, he formed the morphia habit, his daily dose being from three to five grains, and lately he used twelve grains, which gave him fitful sleep. Yesterday he dissolved one ounce of morphia in a quart of whisky, of which he took more than half a pint. When seen, some time afterward, he presented the usual signs of opium poisoning. By means of emetics, slappings with wet towels, walking about, strong coffee and belladonna, he recovered. Of belladonna, he took three doses of the tincture within two and a half hours, the first dose being half a drachm, which in half an hour was increased to a drachm. The effect of the remedy was marked.

Dr. Cathell. I had a case of a young man who was a victim of neuralgia. He procured an eight-ounce solution of morphia, of the supposed strength of one grain to the ounce, of which he took a teaspoonful upon going to bed. During the night he drank the balance of the mixture, from the effects of which he died next day.

Aniline Poisoning.

Dr. Murray. A girl, three and a half years old, had had an attack of typhoid fever, from which she was convalescent. She wore for one day a pair of new scarlet stockings. The next day I was called to see her, and found the left leg much swollen, covered with small blisters, and presenting a mottled appearance, much like Castile soap. A day or two afterward the right one became similarly affected. There was some pain, but no heat nor constitutional disturbance. I was in doubt as to whether the condition depended upon the aniline dye or some constitutional cause, but the absence of all other symptoms beside the local ones seems to indicate the former. She is improving under tonics, and local anodyne and astringent applications.

Parturition without Pain.

Dr. Murray. Last night I attended a lady in her third confinement, and during the whole progress of the case there was no pain. The uterus contracted forcibly, so much so that four contractions were sufficient to deliver a seven-pound child, but she had no suffering whatever. Upon inquiry I found that her two previous confinements had been equally painless, notwithstanding one child weighed ten and a half pounds and the other ten pounds, at delivery.

Dr. Seldner. I saw a similar case in Vienna, but unfortunately they are very rare.

Tubercular Meningitis.

Dr. Seldner. A child, aged two and a quarter years, had convulsions for three or four days, followed by right hemiplegia. Previously it had an attack of measles, which pursued a normal course, but instead of recovering, as is usual, it became peevish, lost flesh, had obstinate vomiting, and the convulsions followed. When I saw it, which was about ten days after the attack of convulsions, it was in a semi-comatose condition, pupils much dilated, and any little movement produced convulsive seizures. There is no tuberculosis in the family, but the mother has evidently had syphilis, as her nose shows the marks of the disease. The parents have five perfectly healthy children. Some years ago they lost a child, after an illness of four weeks, with some brain disease. I am in doubt whether syphilis has anything to do with this case or not. Dr. Frank has examined the eye; there is no trouble of vision, no choked disk, and no increased intra-ocular pressure.

Dr. McDowell. Choked disk is not pathognomonic of brain disease; may be present and no cerebral trouble, or it may be absent and serious brain trouble exist.

Dr. Caldwell. I think, from the history of this case, that it is most probably diffuse meningitis, produced by syphilitic poisoning.

Dr. Seldner. The fact of there being five other children entirely free from any syphilitic symptom seems to disprove Dr. Caldwell's opinion.

Dr. Caldwell. If the mother is syphilitic, I think it is the most reasonable conclusion to think that the child inherited it.

Dr. Seldner. In Vienna, Zeissl examined a large number of cases to discover, if possible, from which parent inherited syphilis was derived, and in every instance it was from the father and not the mother.

Dr. Brown. I think that the general opinion of the profession is, that about seventy-five per cent. of the cases get the disease from the mother. Dr. R. W. Taylor, in a recent article on this subject, holds the same opinion. I have seen such cases as this, in which a syphilitic child is born in the midst of healthy children. Dr. Miltenberger delivered a lady of a fine, healthy child, after seven miscarriages from syphilitic infection. Reasoning *à priori*, it is much more to be supposed that the disease comes from the mother, on account of the intimate relation existing between her and the child during gestation and lactation.

Dr. Rohe. How does Dr. Seldner think the father communicates the disease to the offspring without previously infecting the mother?

Dr. Seldner. It may be by the semen.

Dr. Rohe. If the semen is possessed of this quality, why is not the sweat, milk, and the secretion from every gland imbued with the same injurious virus?

Dr. Brown. The trouble in deciding questions of this kind is, that it is almost impossible to prove the personal purity of the mother, and until that is done, in any case, it is impossible to decide.

Dr. Seldner, at a subsequent meeting, reported the death of the child, and described the post-mortem appearances of the brain (the only organ examined), which were those usually met with in tubercular meningitis.

Tumor of Left Arm.

Dr. McShane. I present this case, to get the opinion of members as to its nature. Man, aged 43; has a tumor of some kind occupying the lower third of the left arm. As you can see, the arm, just above the elbow, is much increased in size. He says this made its appearance five days ago. There is no history of injury, no heat, no pain, no evidences of inflammation, no tenderness, and it is not increasing in size. The arm was carefully examined.

Dr. Monmonier. From an examination, I have come to the conclusion that it is some form of dissecting or diffuse aneurism. No tumor, malignant or otherwise, could have come so suddenly. There is a certain elasticity about it, and nodules can be moved about in it.

Cancer of Œsophagus?

Dr. Seldner. A man, formerly a patient of Dr. Morris, was admitted to the Hebrew Hospital, complaining of vague neuralgic pains, but more especially of difficulty of deglutition. At times he cannot swallow; he is much better at night, but in the morning it is almost impossible to swallow. He can at no time swallow solid food, and shortly after taking nourishment he has attacks of vomiting. The matters ejected consist of food and some mucus. These vomiting attacks are worse in the morning. There seems to be no stricture that can be detected by means of the œsophageal tube, no aneurism, no tumor of anterior mediastinum, no enlarged glands. His brother died of malignant disease of the œsophagus. We thought the trouble might be a reflex spasm.

Dr. Erich. I have nothing to offer as to diagnosis, but would recommend the use of bromide of potassium, which will control any reflex action, and may thus throw some light on the case.

Dr. Seldner. The bromide in half-drachm doses, in combination with fluid extract of sumbul every two or three hours, has been used without benefit.

Dr. Brown. It is very difficult, in these cases, to locate the point of stricture. A few months ago I saw, in consultation with Dr. Cathell, a case of cancer of the œsophagus. The man could retain his food for some hours, and the probang being arrested, as we thought, just before it entered the stomach, we thought that the disease affected the tube near the cardiac orifice, and that an expansion or pouch existed just above the constriction. Upon post-mortem examination we found a very small and much contracted stomach, no disease whatever of the cardiac orifice and lower part of the tube, but well-marked epithelioma of the upper end. There was little or no constriction, and I doubt not the man could have been kept alive for some weeks by introducing food through a tube into the stomach. I do not believe that difficulty of deglutition depends so much upon narrowing of the œsophagus as it does upon extension of the cancerous deposit to the underlying structures whereby the free movements are interfered with so that the wave-like contractions cannot take place, and the food be thus urged downward into the stomach.

Veratrum Viride Poisoning.

Dr. Erich. This was occasioned by the reading of Dr. Lynch's paper before the Medico-Chirurgical Faculty, on the subject of veratrum. Years ago I had used this drug, and had such unpleasant results follow that I abandoned it, but Dr. Lynch induced me to give it another trial. A child, sixteen months old, had membranous croup, so far as I could determine, although there was no false membrane discharged, nor patches on the fauces. Two drops were ordered every two hours. After taking a few doses it vomited, and the breathing was relieved. One morning the mother gave a teaspoonful in place of a cough mixture; it commenced vomiting soon after, its extremities became cold, a cold clammy perspiration appeared, and it seemed to be in collapse. As Dr. Lynch recommended opium as the antidote for any unfavorable symptoms, I injected three drops of deodorized tincture of opium, and in a short time the alarming condition disappeared.

Dr. Wintermitz. It will invariably act in that manner unless combined with an opiate. If an opiate had been given with it, no ill effect would have been seen.

Dr. Rohe. I hope Dr. Wintermitz does not recommend teaspoonful doses, even when combined with opium.

Dr. Seldner. In spite of its combination with opium, as soon as the pulse is reduced, it will produce emesis of such obstinate and depressing character, that I have abandoned its use.

Editorial Department.

Periscope.

On Chrysarobin.

Dr. J. Ashburton Thompson says, in the *British Medical Journal*:—

Chrysarobin is the term which has been selected to designate what is more commonly known—because so first known—as Goa powder. It has been chosen for these reasons; that Goa powder is so called only because it is derived by the rest of India from the port named Goa; that the same powder is known over South America as Bahia powder, except in the province of that name, from which the other parts of the country receive it; while in that province it is known by its native name of Aroba powder. But since this powder is the active part of a whole tree, rather than continue the compound word Aroba powder, it is convenient to substitute the single word arobin. Yet further, while Goa powder (or old powder) is brown, Aroba powder (a newly prepared powder) is yellow. Yellow is its right color. Hence, to arobin is added the prefix chrys, and thence is formed chrys-arobin, *i. e.*, yellow Aroba powder.

The action of chrysarobin is emetic and purgative. Vomiting is always the first sign of action. This is not attended by any depression at all comparable with that caused by tartar emetic or ipecacuanha. In the doses presently to be named, it has not caused any distressing retching; and in children, as well as in adults, the acts of vomiting varied between none in three out of the whole number, and six in two out of the whole number. They were usually two or three; very often only one. The action on the bowels was much more variable, from none in a few cases to nine or ten in equally few cases; most often the range was between three and seven. There is no griping pain, but the nausea continues more or less markedly until the bowels recover. The motions are very watery, and of such a brown color as suggests its origin with the powder taken. If the vomiting be very early, then the purgation, although marked by a fluid stool or stools, will certainly not be violent; and in some cases, in which there was no vomiting, the bowels acted very freely. It does not always happen so, however, under the same condition; and I conclude, therefore, that some persons can take a larger dose than others. I cannot distinguish these persons any more than I can accurately gauge the amount of any other purgative which a given person will require at first seeing him. If the dose be taken into a full stomach, that delays its action and determines it to the bowels.

With regard to the dose of chrysarobin, a scruple is a moderate dose for an adult.

The Danger of the Use of Chloral in Inebriates.

Apropos of a sudden death of an inebriate from a moderate dose of chloral, the *Lancet* says, editorially:—

Chloral has some special dangers in the case of drinkers, which should not be lost sight of.

Alcohol, as is well known, produces, when continuously employed, fatty degeneration of all the organs, and among others, the heart; this more especially in some cases of spirit-drinking. Chloral, too, like its ally, chloroform, probably gives rise to a fatty degeneration of muscular tissue, and in particular of the heart, closely analogous, both in its mode of production and character to that due to alcohol. Again, as is well seen in some cases of delirium tremens, alcohol causes a fluid condition of the blood, in which the normal state of the blood corpuscles, and their relation to the liquor sanguinis, are altered; and as a physical condition evidencing this we see the defective coagulation of the blood, and its tendency to transude too readily. We are not here entering into the intimate relations of these changes, and the effect they have on oxygenation and tissue nutrition; it is enough for our present purpose merely to indicate them. Chloral has a like effect, and similarly causes gradual destruction of red blood corpuscles; so that in chronic chloral poisoning purpura is of frequent occurrence. In toxic doses chloral was formerly said to destroy, first the cerebral, then the muscular, thirdly the respiratory, and finally the cardiac functions. But this is certainly not true so far as concerns the usual result in suddenly fatal cases in the human subject, and modern research goes to disprove this view, and to show that cardiac paralysis, whether produced through the central nervous system, or by a direct action on the heart, is the usual mode of death. And especially will this be the case when, from the effects of alcohol, or of continued chloral drinking, the cardiac muscle is already considerably degenerated, while at the same time the condition of the blood is such as to supply an imperfect stimulus to its contraction, and the impaired reaction between the blood and pulmonic capillaries affords an additional impediment to the circulation. In such cases sudden cardiac paralysis or asystole may put an end to life before any cerebral symptoms or retarded respiration have given the warning note of danger. Nor can any amount of negative evidence, derived from the absence of marked physical signs of organic disease, be sufficient to counterbalance the clear and decisive results of pathological investigation, which show how grave a degeneration may coexist with apparent health. And, be it remarked, such fatal results do not of necessity occur only after a large dose. In healthy subjects death has occurred in this manner from so small a dose as thirty grains; and there is abundant evidence that the toxic effects of chloral are cumulative in a higher degree than the hypnotic, and that this does not depend solely upon accumulation of the poison itself in the blood.

The "Bordeaux" Treatment of Amputation Wounds.

This is described by Dr. Azam, as follows (in the *Lancet*):—

The aim is to get primary union of the flaps, either along their entire edges or in part, and to avoid the retention of any discharges which this primary union might favor. A drainage-tube is inserted deep down in the wound behind the bone, the ends of which are turned up and tied together in front of the anterior flap. In order to favor coaptation of surfaces, a deep suture is put in, and then the edges of the flaps are united with fine sutures along their whole extent. Great care must be exercised in doing this; indeed, as much care is required as though one were doing a plastic operation on the face or elsewhere. Another necessary precaution is to see that all hemorrhage has ceased before the flaps are brought together; otherwise the clot of blood which subsequently forms not only tends to prevent coaptation, but runs a risk of decomposing and giving rise to pus and other irritant and dangerous discharges. The deep suture is so arranged that if swelling takes place it can be partially loosened, in order to allow for this. The fine sutures are best put on in the form of a figure of eight; they may be fortified by strips of lint dipped in

collodion and laid across. Finally, the stump is covered with a thick layer of cotton-wool; the drainage-tube, however, is not covered with wool, but layers of lint are put on, in order to absorb the discharges. The dressings are only changed every three or four days. If hare-lip pins have been used for the line of sutures, they must be removed on the third day; the deep sutures may also be loosened. This mode of dressing has long been in use in Bordeaux, and has given the best results: of 202 amputations—thirty of the thigh with five deaths, and thirty-three of the leg with three deaths, and 139 other (not specified) amputations with four deaths.

Causes of Gravel.

The following remarks form the substance of a paper read before the Harveian Society of London, by Dr. d'Estrees, medical inspector of the mineral water station of Contrexeville, in the Vosges. Of 1028 patients affected with uric acid gravel, 822 were men, 197 women, and 9 children. He was able to ascertain the cause of the gravel in 528 cases; in the other cases the causes were either too complex to be named, were not sought for, or could not be ascertained. The principal causes were as follows :—

Hereditary tendency	191 cases.
Disorderly digestion	160 "
Excess of food	101 "
Sedentary life, want of exercise, etc...	95 "
Violent moral emotions	35 "

And one case, in a child of twelve, was due to an injury to the loins.

As to the influence of hereditary transmission, it was too well known to need to be repeated here. He gave the following instance of gravel and nephritic colic in a child twelve months old, whose mother suffered from uric acid gravel for years, and had three attacks of nephritic colic during her pregnancy with this child :—

Within a fortnight of its birth, this child suffered from vomiting, and tenderness over the loins, which terminated in the emission of a thick, red sand. These attacks returned every six weeks.

He then referred to the effects of such vegetables as contained oxalates—viz., asparagus, sorrel, tomatoes, and green beans—rhubarb not being eaten in France. Asparagus, in about 20 per cent. of cases, produced attacks of nephritic colic, which, however, were not followed by a deposit of uric acid. Dr. d'Estrées does not think that asparagus directly produces uric acid, but it seems to disturb the eliminant processes. Sorrel, green beans, and tomatoes are disturbing to a smaller proportion of persons, but with them the effect is so distinct that they give up eating these vegetables. With regard to oxalic gravel, he had met with 47 cases, 40 of which were men and seven women. In one-third of the cases of uric acid gravel, octrahedric crystals of oxalate of lime were found. The causes of the oxalic gravel were the same as those of uric acid gravel, plus the absorption of articles of food containing oxalate of lime.

The Genesis of Nerves.

The following interesting extract is from a lecture delivered in London by Mr. G. I. Romanes :—

If the swimming bell of *Aurelia* be cut and so unrolled that, roughly speaking, it forms a parallelogram, and all the ganglia be removed except one at one end of the parallelogram, then if a gentle stimulation be given at the other end, too gentle in itself to start a contractile wave from the point stimulated, there will, nevertheless, in a little while be a contractile wave started from the other end, from the ganglion, thus showing that a stimulus wave must have passed through the contractile sheet to the ganglion, and so caused it to discharge. In some cases the passage of this stimulus wave admits of being traced. The numberless delicate tentacles which fringe the margin of this medusa are more excitable than is the contractile tissue of the bell; so that a stimulus which is not strong enough to start a contractile wave in the bell may start a contractile wave in the tentacles, one tentacle after another contracting in rapid succession, till the wave of stimulation has passed all the way round the disc. These facts prove in a beautiful manner that the tissue is already so far differentiated from primitive protoplasm that the distinguishing function of nerve has become fully established. And now this very important question arises: Does this conductile function prove itself as able to survive the process of severing as the contractile function has already been found to be? Mr. Romanes has found that it is as tolerant. It is quite as difficult to block the passage of stimulus waves by means of interposing cuts, as it is to block the passage of contractile waves by the same means. This is, perhaps, the most important observation, both to the physiologist and the evolutionist, that has ever been made in the whole range of invertebrate physiology. To the physiologist, it demonstrates that the distinguishing function of nerve, where it first appears upon the scene of life, is a function which admits of being performed vicariously to almost any extent by all parts of the same tissue mass. To the evolutionist, it demonstrates the existence of such a state of things as his theory of nerve genesis would lead him to expect. In the case of a medusa cut in a spiral strip, it was noticed that where the waves became suddenly blocked by section, in about 90 or 95 per cent. of cases such blocking was permanent; but in the remaining 5 or 10 per cent. of cases, after a time that varied from a few minutes to a day or more, the obstruction is overcome, and the contractile wave passes forward with perfect freedom. This is not due to

what physiologists call shock. The explanation of a temporary blocking is of great interest, and the following hypothesis is probably the true one. Suppose there is a well differentiated line severed by the cutting, and near it an uninjured line less differentiated, and which, while almost, is not quite, able to convey the stimulus. The waves of contraction and of stimulation are no longer able to pass along the usual line, now severed, and as they perpetually "break" upon the area of blocking, each of the forces concerned seeks for itself the lines of least resistance. The principal line will be the partly differentiated line, which is already nearly able to carry on the wave of stimulation. Every wave imposes a much higher degree of functional use on this line than it was ever before required to exercise, and as the greater use causes greater permeability, the line, from being almost, is soon quite able to carry a wave of stimulation, and so to set up a wave of contraction beyond the line of previous blocking. As might be expected, the first waves were feeble, but they were observed to get stronger and stronger, till at last, as the nerve passage became more permeable by use, they poured on, without any perceptible diminution of force. Mr. Romanes also described another species of medusa, which he has called *Tiàropsis indicans*, which has a more highly differentiated nervous "system," and whose polypite turns to the direction of a stimulant.

Rhinoplasty by the Taliacotian Plan.

The subjoined interesting case was related to the Clinical Society of London, by Mr. Mac Cormac. The patient was a healthy girl, aged sixteen, who had lost the tip and both alæ of her nose, when an infant, from the injection of a nævus, situated on the nose, with the pharmacopœial solution of pernitrate of iron, which had resulted in a slough. Mr. Mac Cormac determined to attempt relief by means of the operation of Taliacozzi. The apparatus for keeping the arm in position consisted of a pair of ordinary stout, well-fitting stays, with two perinæal straps attached, to prevent displacement upward; a helmet, partly made of leather, connected to the stays by a leather band running up the centre of the neck and back; an arm piece, strengthened by a steel band, moulded in leather, and extending from the wrist to the shoulder, where it was buckled to the stays: and a gauntlet for fastening the wrist and hand to the helmet, while the elbow could be fixed in any required position by straps running from it to the stays, and to the sides of the headpiece. There was nowhere any undue strain, and the apparatus was applied for days before the operation, to accustom the girl to its use, and remedy any defects in it. It proved to be so comfortable that she could sleep in it. A model of the part required to make good the deficiency was made in gutta percha, and from this the extent of the deficiency could be projected on a flat surface. On February 12th, 1877, a flap was marked out on the inner aspect of the left arm, two-thirds larger than the actual size of the estimated deficiency; it remained attached to the arm by a broad long pedicle, and consisted of all the tissues down to the muscular sheath. A triangular gap was next made on the right side of the nose, and into this the flap from the arm was fitted, where it became partly united by the first intention. Subsequent suppuration occurred around the flap, but it had all united in three weeks. Then the operation was completed by detaching the base of the flap from the arm, and preparing the left side of the nose to receive it, where it was adjusted by sutures. In a fortnight healing was completed. The dressings of the arm and nose consisted of cotton-wool soaked in olive-oil. The leathern apparatus answered its purpose completely and without inconvenience. For the first two or three weeks after the operation, much contraction of the new nose occurred, but very little subsequently. The extensive wound in the arm had nearly healed on May 11th, 1877. The nostrils were kept dilated by india-rubber tubing. The improvement in the girl effected by the operation had been most satisfactory.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"On the Diagnosis of Urethral Stricture by Bulbous Bougies," with illustrative cases. By J. Wm. White, M. D. Reprint from Philadelphia *Medical Times*, May 26th, 1877. The object of the paper is to assist in demonstrating

1st. The existence and pathological importance of strictures of extreme calibre.

2d. The absolute necessity for the intelligent use of bulbous bougies in the diagnosis of such strictures.

3d. The resistance offered to the withdrawal of bulbous bougies in normal urethræ by a constriction at or near the deep layer of perineal fascia.

4th. The possible occurrence of a spasmodic constriction almost undistinguishable from an organic stricture.

5th. The occasional dependence of such spasms upon coarctations of large calibre situated in the anterior portion of the canal.

——History of a Case of Recurring Sarcomatous Tumor of the Orbit in a Child, extirpated for the third time, and ultimately causing the death of the patient. By Thomas Hay.

M.D., Philadelphia, Pa. Lindsay & Blakiston, 1877. 50 cents.

The tumor first appeared when the child was four years and four months old. The patient was always strong and hearty previously, and was born of healthy parents, and there is no history of hereditary influence in either branch of the family. Fourteen months prior to the appearance of the first growth the child received a fall, striking the root of the nose upon the hearth of a cook stove. Plates illustrate—1. The appearance of the child and tumor at the time of the first operation. 2. Appearance of child two months after the operation. 3. Appearance of child after death, showing the condition of the new growth. The case resulted thus two years and four months after the first appearance of the tumor.

——We have received also the following:—

"Report on Dermatology," by Lunsford P. Yandell, Jr., M.D. A reprint from the American *Practitioner*.

"The Influence of the Heart in Uterine Affections, and Belladonna in Congestion of the Brain." Papers read before the Maine Medical Association, June, 1876, by Thomas H. Jewett, M.D.

"Notes on the History and Climate of New Mexico," by Dr. Thomas A. McParlin, Surgeon U. S. Army.

"The Woodruff Scientific Expedition Around the World, 1877–79."

"The Proceedings of the Medical Society of the County of Kings." Containing an article on "Jaborandi," by A. Hutchins, M.D.; one on "Popular Pathology, and Ordinary Treatment of Some Forms of Skin Diseases," by S. Sherwell, M.D.; and "A New Double-bladed Lithotome," by J. C. Hutchinson, M.D.

"The Association of American Medical Colleges. History of its Organization. Its Constitutions. By-Laws. Articles of Confederation, and List of Members."

"Detroit Medical College Announcement and Catalogue, for 1877–78."

"One Hundreth and Twelfth Annual Announcement of the Medical Department of the University of Pennsylvania, 1877–78."

"Annual Announcement of the Medical College of the State of South Carolina, Session, 1877–78."

"Announcement of College of Physicians and Surgeons, New York."

"Thirty-first Announcement of Starling Medical College, 1877–78."

"Seventeenth Annual Announcement of the Bellevue Hospital Medical College, 1877–78."

"Annual Announcement of the Medical Department of the University of the City of New York."

BOOK NOTICES.

The Scientific Basis of Delusions. By George M. Beard, A.M., M.D. G. P. Putnam's Sons, New York. 50 cents.

It is with the highest pleasure and satisfaction that we have read, verbatim, this instructive and logical monograph. The "Introduction," of seven pages, will repay a careful perusal. It states that the purpose of the monograph is to aid in bringing this department of cerebral physiology and pathology out of the territorial into the organized state, by pointing out what seems to be the true and only method by which it should be cultivated. It asserts that "the scientific basis of delusions consists primarily in the genuine phenomena of trance, and of the involuntary life out of which trance is developed; and, secondarily, in the relation of trance and other states and phenomena of the brain to human testimony." The central and distinctive fact in the theory of trance offered, is that it shifts the standpoint from which the phenomena are viewed, and shows that it is a subjective, not an objective condition. This subjective theory of trance, in connection with the physiological law that no human being has any qualities different in kind from those that belong to the species in general, is the key-note of the paper. We agree with the author in considering that the solution of the mystery suggested by such vague and one-sided phrases as mesmerism, animal magnetism, hypnotism, ecstacy, biology, etc., is one of the most important problems of science. On account of its relations to physiology and pathology in general, and to the philosophy of popular delusions of all kinds, it is urged that deductive as well as inductive reasoning is necessary to master this subject.

Again, the author properly insists that the

trained expert is the only one who can obtain the truth in this difficult department. Trance is considered as a functional disease of the nervous system, in which the cerebral activity is concentrated in some limited region of the brain, with suspension of the activity of the rest of the brain. "Trance, like other functional nervous diseases, may be induced either physically or psychically." "Ordinary sleep may act as an exciting cause, as is illustrated in the somnambulistic form of trance." He divides trance into four varieties—spontaneous, self-induced, emotional and intellectual. A typical form of spontaneous trance is sleep-walking. All genuine trance preachers represent the self-induced variety. There is a habit and a periodicity often in trance, as in neuralgia, etc. "The one fact common to all these conditions is that they exert some one or several emotions—fear, or wonder, or expectation—to such a degree that the activity of the rest of the brain is suspended, while these emotions are abnormally active. The usual belief that the mesmeric form of emotional trance is caused by some fluid or by animal magnetism is untrue. It makes no matter who the operator is, so that the above-mentioned emotions can be acted upon. It is a *subjective* matter entirely." The author then shows that this hypothesis accounts for all the phenomena embraced under the department to which it applies. All of this is of deep interest, but we have already transgressed our limits, and can now only add the happy illustration used by the author to distinguish the difference between sleep, trance and death, viz., a chandelier of gas burners. When fully lighted, that is the normal waking state; when all the burners are turned down low, that is sleep; if all are turned out but one, and that one flame all the brighter from increased pressure, that is trance; if all are turned out entirely and permanently, that is death.

Kumyss: Extracts from Therapeutical and Balmological Works, and from the Lectures of Prominent Professors. Compiled by S. Von Berg, PH.D., Philadelphia, 1877.

The practical application of kumyss in this country has been limited; yet there is scarcely a physician in this country who has not paid some attention to its merits. The difficulty in the way of a more extended use, the author thinks, is that it has not been possible until now to obtain the real article, prepared in a proper manner, and not simply compounded from chemical ingredients. The majority of the preparations have been nothing more than solutions of sugar and milk and bicarbonate of soda. Kumyss is mostly made from mares' milk, but it is prepared equally well from cows' milk, etc.; it is milk undergoing a process of fermentation. Its application as a dietetic remedy for consumption, wasting maladies of every kind, diseases of the blood, anæmia, and for scurvy in particular, receives the sanction of Dr. Stahlberg, of Russia. It is stated that kumyss is, when in a partially fermented state, a most agreeable beverage, slightly acid and highly capable of slaking thirst, and requiring no effort to learn to enjoy drinking it—in fact, one becomes fond of it.

Some very interesting opinions of various authorities are quoted by the author. The result of all which is to put the claims of this article in a very satisfactory light, and leads us to believe that it is worthy of a careful and thorough trial. The author has in view a kumyss institution, based on the Russian plan. He is now prepared to furnish kumyss fresh, daily, to patients. He is desirous also of placing a few trial bottles at the disposition of any physician who may wish to make experiments. Three grades are made, mild, medium and strong.

The Transactions of the Mississippi State Medical Association, vol. x, 1877.

This volume contains, the President's address; annual oration, The Mission of Medicine, by Dr. B. F. Kittrell: an article on State Board of Health, by Dr. W. M. Compton; Report on Puerperal Fever, by Dr. Hill; Veratrum in Puerperal Convulsions, by Dr. Whitehead; Notes on a Case of Scarlatina Anginosa, by Dr. H. C. McLaurin; Four Cases of Laceration of the Perineum (Immediate Operations), by Dr. Hill; Resuscitation from Death by Chloroform, by Dr. Rice; Ergot in the Treatment of Pneumonia, by Dr. Halbert; A Case of Partial Paralysis, by Dr. Kinchloe: An Improved Method of Treating Epidemic Dysentery, by Use of Iodide, by Dr. Hall; Successful Operation in a Case of Vesico-Vaginal Fistula, by Dr. Rice; Report on Surgical History of Mississippi, by Dr. Hall; and Surgical Cases reported by Dr. M. S. Craft.

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THE ADMINISTRATION OF ALCOHOL IN UTERINE DISEASES.

The excessive indulgence in alcoholic beverages by men is bad enough; but when this becomes a vice of the female sex, it is far more repugnant to every sensibility, and fraught with still greater dangers to public morals. Fortunately, the appetite for stimulus, or else the habit of indulgence in it, is much less prominent in woman. Nevertheless, it has deservedly attracted attention in several quarters, recently, and some interesting medical opinions have been emitted on the subject, well worth quoting. These particularly refer to the relation of uterine disease to alcoholism.

In a late lecture, the eminent English physician, Dr. J. Braxton Hicks, remarks:—

"I have known very many cases of alcoholism produced by the constant nausea consequent on uterine disturbances. One case occurs to me, where a young married woman had adopted this habit from the constant and intense nausea and vomiting during pregnancy, and from the same thing upon every menstrual period. This nausea was most distressing, with utter loathing of food and prostration upon the slightest uterine disturbance, and she found that stimulants relieved it.

"Women, as a rule, rather underfeed themselves habitually, or eat unnourishing food; and thus gradually arrive at a state of general atresia, more or less marked; and this is a fruitful source of functional disturbance. There are many reasons for this: carelessness; want of healthful exercise to give appetite; reflex irritations giving rise to more or less constant nausea. A common cause arises from the fact that, having to look after her own food, the having but little desire for it, or having nausea, she does not take trouble to get it; or, in our English mode of living, having to carve for a large family, she does not help herself till the food is cold and not inviting. It is fortunate then that she does not seek to replace the solid food by stimulants."

At the Dublin Obstetrical Society, last March, Dr. Doyle read a paper, the subject of which was to show that the habit of taking alcoholic stimulants by females with ample means frequently depended on a diseased condition of the uterus, and that by curing it, the cause being removed, they gave up using stimulants, as was proved by the result in three cases described by the reader of the paper. Another case recorded by Dr. Doyle, showed that when alcoholic drinks are taken to appease a depraved appetite they did not produce disease of the uterus, except as in the case in question, a congestion depending on a mechanical cause from enlarged liver. Although not disapproving of the use of alcoholic beverages in moderation, or when ordered medicinally, he avoided prescribing them as much as possible, and substituted, in such cases as needed them, a mixture containing spt. vin. rect., with spt. ammon. aromat., or tr. digitalis.

Another member, Dr. Denham, stated that he had no doubt that in many instances of uterine affection the nervous system was very considerably engaged, and that a large amount of mental, bodily, and nervous depression was induced by affections of the uterus, and in that way it behooved them to be very gentle in their treatment. He was strongly impressed with the opinion that stimulants were neither neces-

sary nor advantageous. He believed that as good results would be obtained by giving the patients light nourishing diet, change of air, and society, in addition to local treatment, as by the administration of stimulants, and he thought they would be obliged to come to the conclusion that they were unwise in doing so, and that it was unsafe for their patients to order stimulants to the extent that some patients said they were recommended to take them. The subject was one that required to be faced boldly, and, at the same time, judiciously.

Another able gynecologist, Dr. KIDD, added his testimony that uterine disease often gave rise to a craving for stimulants. That uterine cachexia would give rise to habits of intemperance he thought they saw every day, and he thought they could not wonder at it, for there was no doubt that in many cases of uterine disease stimulants would impart temporary relief in a manner that nothing else would. In a very common disease, dysmenorrhœa, he believed the universal practice among old women was to administer gin, whisky punch, or brandy, and in the majority of cases he knew of nothing that would give such prompt relief as a good large dose of a stimulant of that kind. In cases of endometritis, where they had constant pain in the back, constant exhausting discharge, and, perhaps, every month hemorrhage, more or less, going on, they had that cachexia produced. In such cases the desire for stimulants was constant. In dysmenorrhœa, where the occasion was only every month, the desire was constant, and the relief obtained from the use of stimulants, which would last some hours, induced the patient to fly to her remedy very frequently. Perhaps the relief might not last more than a few hours, and as soon as the effect went off the remedy was employed again. He believed it was that that often gave rise to intemperance in women. Instead of intemperance being the cause of uterine disease, uterine disease was the cause of intemperance, and if there was any practical lesson they might derive from the consideration of the subject it was this—that they must cultivate their knowledge of the disease, and endeavor to cure it, and thereby do away with the desire for stimulants. That was the true way to check intemperance; it was not by restrictions placed on it.

Such considerations as these point forcibly to the true way of dealing with certain classes of dipsomaniacs, and further aid in settling the question of the propriety of prescribing alcoholics in practice—a question not to be disposed of by a dogmatic and authoritative negative or affirmative, but by a careful distinction of those diseases in which such remedies do and do not leave behind them a continued craving for the stimulant.

NOTES AND COMMENTS.

The Antiseptic Treatment of Wounds.

At the late meeting of the German surgeons Dr. Ranke gave an account of the results of antiseptic treatment in Dr. Volkmann's practice at Halle. From 1874 to 1876 inclusive, 24 cases of penetrating wounds of joints had been treated, and in 1877 two, including Dr. Volkmann's case related above. None of the 26 patients died. Among these, secondary amputation was performed in four cases of severe splintering of the bones of the forearm, and in one of fracture of the femur opening into the hip-joint, with delirium; all recovered. Fourteen cases treated from the commencement were dismissed with movable joints, and in three, admitted after suppuration had set in, the result was anchylosis. The following cases were also admitted; one of transverse division of the patella, cured in eight weeks with a movable joint; two very severe complicated dislocations and fractures of the ankle, which also recovered with useful joints; and a contused wound of the knee, completely healed in thirteen days. No death occurred in any of these cases, nor anchylosis. With regard to dressing, special attention was directed to the following points. Primary disinfection was carefully performed with a five per cent. solution of carbolic acid. Drainage-tubes were applied early, not transversely through the joint, but with the upper

end lying in the cavity. Washing out the joint with irritant disinfectant fluids was avoided. Lister's antiseptic gauze was applied, and the limb was placed on a splint; plaster-of-paris was not used. Passive movements were commenced early.

Syrup of Chloral.

The *Chemist and Druggist* states that Follet's syrup of chloral, in which the taste of the drug is disguised by syrupus menthæ, is that which is now chiefly employed in France. M. Carles, however, believes he has succeeded in preparing a still more agreeable variety by the adoption of the following formula:—

℞.	Chloral hydrat.,	gr.iv
	Aq. bullient.,	gr.ij
	Sodæ carb. (conc. sol.),	q. s.
	Ess. menthæ,	♏j
	Syrup simp.,	gr.xciv
	Chloroform,	♏j.

The carbonate of soda solution is to be added drop by drop, until complete neutralization is attained. The proportion of chloral, it will be seen, is very nearly one in twenty-five.

To Detect Lard and Suet in Butter.

In these days of "artificial butter," the following plan of detecting the addition of lard or suet may be worth knowing. The butter, to which water has been added, having been first heated for two hours over the water bath, to remove saline and some other constituents, is thus treated:—five parts of concentrated sulphuric acid are agitated with three of the butter, and a nearly transparent yellow fluid is produced, soon becoming a clear yellowish red; if suet or tallow be present (but not otherwise) this will, in the course of half an hour, acquire a dark reddish-brown tint.

Method of Drying Plants for the Herbarium.

Most botanical students must have regretted the change of color which plants undergo on drying. We are informed that this inconvenience may be obviated by dipping the plants in a warm mixture of 1 part hydrochloric acid and 600 alcohol, shaking them, to get rid of superfluous fluid, and then laying them in warm blotting-paper, which ought to be changed at least once daily. By this means the plants will not only dry quickly, but will also retain their natural color.

Correspondence.

Management of a Case of Puerperal Eclampsia.

Ed. Med. and Surg. Reporter:—

On June 3d I was summoned to see Miss S., by her father, who insisted that I should make great haste, as he thought his daughter was dying; also urging me to bring my instruments, as he was of opinion that I would need them. On arriving at the house, the confusion, as usual, was indescribable. Dr. Tinsley, whom I found in attendance, informed me that two convulsions had occurred, and that he had failed to get her to swallow any medicine. On entering the sick room, I found the patient in a state of frantic delirium.

Miss S., primipara, æt. 24, is short and fat, of a robust type, though somewhat anæmic, from having had "chills" at various times for the past two months. There is general œdema, more marked about the face, feet and legs; pulse frequent and irregular, about 150; face hot and flushed; while she is so "restless" that it is almost impossible to keep her in one position long enough for an examination. Digital exploration revealed the fetal head at the superior strait. As there had been no advance for the last hour, I attempted to aid delivery with the vectis, but the absence of effective uterine pains rendered the instrument of but little, if any, utility; consequently I applied the forceps and brought away the child immediately. Uterus contracting well, I expelled the placenta without any hemorrhage of consequence. After being delivered patient rested more quietly, but was still insensible, and could not be induced to swallow. In a short time another very severe convulsion occurred, after which we administered chloral hydrate and potass. bromide, each forty grains, by enema.

The points to which I wish to call attention are these: Labor pains commenced June 3d, three o'clock A. M.; the liquor amnii had been gradually discharging for more than forty-eight hours. Dr. Tinsley was summoned at nine o'clock A. M.; first convulsion occurred at 1 P. M.; second convulsion at 1.30 P. M.

I was summoned, and arrived at 2 P.M., and delivered her within five or ten minutes. When I arrived Dr. T. was preparing to give her an enema of chloral hydrate, but owing to an obstruction in the syringe it proved a failure. I attempted to give a solution of chloral hydrate by the mouth, but failed. While Dr. T. administered chloroform inhalations, I delivered her with the forceps. About 2.30 P.M. another very severe convulsion seized her, after which we succeeded in throwing into the rectum about forty grains each of hydrate of chloral and bromide of potassium, and the convulsions entirely ceased. The enemas were continued (with addition of tincture digitalis to act upon heart and kidneys) every three hours, or oftener, if convulsions should return.

I think it would be difficult to place too high an estimate on hydrate of chloral as an agent for controlling and warding off puerperal convulsions. I heartily endorse the opinion of Dr. William B. Atkinson, that it "is almost a specific, and rarely fails to counteract the convulsive tendency." (Hints in the Obstetric Procedure, Atkinson, page 68.) I have myself repeatedly, as I thought, prevented convulsions by the timely exhibition of hydrate of chloral. I also consider it of importance to give digitalis or some other diuretic, to aid the kidneys in throwing off albumen, and other morbid accumulations, from the system.

Early after delivery, it being necessary to evacuate the bladder with the catheter, I adopted the following simple and ready means: taking the long elastic tube from a Mattson's syringe, and fastening it over the open end of a metallic catheter, the operation was performed without inconvenience to the patient, or detriment to the bedding (the urine passing through the rubber tube into some vessel placed near the bed for its reception). The accidental breaking of a bottle prevented me from testing the urine; yet from its appearance after standing, I am of opinion that it contained a large percentage of albumen. Up to this writing Miss S. has been steadily and rapidly improving, and is now doing exceedingly well.

P. H. Thompson, M.D.

Bluffton, Ga., June 18th, 1877.

Injections of Carbonate of Ammonia for Snake Bite.

Ed. Med. and Surg. Reporter:—

Since making my report, a few days since, of a case of rattlesnake bite successfully treated by injections of a solution of carbonate ammonia into veins, another case has occurred in my practice. On the morning of July the 3d a negro boy, aged 10 years, was brought to me, from the farm of Col. W. L. Calhoun, having been bitten late in the evening of the 2d. I learned the following particulars from the mother of the boy, and what I could derive from the boy by signs, he being a deaf mute. He received the bite near night, on the second of the present month, while passing through a piece of rocky ground, some twenty-five or thirty steps from the house. The patient suffered severely during the night. The mother informed me that she had administered whisky to the boy through the night. On drawing a brown-colored and then a black snake on a piece of paper, the brown snake was pointed out by the boy as the one that had bit him. This, with the length of the snake, which he demonstrated by holding his hands apart some four feet, satisfied me that the reptile was a rattlesnake, as we have no highland snake of a brownish color in this section of the country that would approximate a snake of the above size, the only snake of this size and color being the long-tail and stub-tail moccasin. The locality at which he received the bite is between a quarter and a half mile from any stream of water, and the moccasin is not apt to venture this far from water during a dry spell. He has eaten nothing since the reception of the bite. The right foot is enormously swollen; hyperæsthesia very great; eyes suffused; pulse 120.

Owing to the boy being a deaf mute, he could not be controlled sufficient to make the injections of ammonia into the veins. This necessitated the administration of an anæsthetic. Assisted by Dr. G. G. Roy, after putting the patient fully under the influence of chloroform, I proceeded to inject the following solution into the median cephalic vein of the right arm: ammonia carb., grs. xx; aqua destillata, ℥j; immediately following the first injection, the patient passed from under the influence of the anæsthetic, although he was fully under its influence, having taken one ounce of chloroform. The integument of the right foot was as tense as a drumhead before the injection, with great hyperæsthesia of the parts, the slightest touch causing the patient to scream out in agony. The injections were followed by immediate relief of the hyperæsthesia, and a marked subsidence of the swelling and tension of the skin. A few minutes after the injections (which were three half-drachm syringefuls) the boy arose to his feet without any pain or inconvenience, and walked about the office. I ordered the following:—

℞.	Spts. frumenti,	℥xvj
	Ammoniæ carb.,	grs.clx.
Ft. sol.		

Sig.—Tablespoonful every two or three hours, in water.

In addition to this, to keep a cloth, saturated with the following, applied to the foot until the swelling entirely disappeared: kerosene oil, ℥x; carb. ammonia, ℥ss. The patient was sent to his home, with instructions to bring him in again should he not progress favorably.

I saw Colonel Calhoun the next day, who informed me that the patient was doing well. I met the Colonel yesterday, July 6th. He informed me that the boy had entirely recovered.

Remarks.—How are we to account for the mildness of the constitutional disturbances in this case. The boy was evidently bitten by a rattlesnake, in one of the most unfavorable months of the year, without any very marked constitutional manifestations twelve hours after the reception of the bite. The boy's father had secondary syphilis prior to his marriage, and is still a sufferer from tertiary phenomena, for which I was called to treat him last year, and at which time I learned the history of his syphilis. The boy, on examination of his skin, showed evidences of syphilis. May not his deaf and mute condition be dependent on hereditary taint? Then, owing to this condition of his venous system, dependent on syphilis, may it not have had some modifying influence

over the virus of the snake? This case is not reported as one representing the effects of the ammonia injections under circumstances leading to a fatal termination, as I believe the boy would have ultimately recovered without the injections, though perhaps after weeks of suffering and destructive sloughing of the parts in the neighborhood of the bite. The immediate happy effects following the injections goes to corroborate my experience in the case of Burney, last year, and is calculated, though in a more moderate degree, to show the beneficial effects of this treatment in the bite of venomous reptiles. J. J. KNOTT, M.D.

Atlanta, Ga., July 7th, 1877.

NEWS AND MISCELLANY.

Personal.

—We learn that the minister of Sweden and Norway, at Washington, has forwarded to Dr. William Pepper the decoration of Knight Commander of the Norwegian Order of St. Orlaf (2d class), which His Majesty, the king of Sweden and Norway, has conferred upon him, as an acknowledgment of the services rendered by him to the Swedish and Norwegian commissioners at the Centennial, as well as of the efficiency with which his important duties as Chief of the Medical Bureau of the Exhibition were discharged.

—Dr. E. F. Winslow, a respected citizen of Salt Lake city, died recently, and desired, by the terms of his will, that his remains should be cremated. The request was about to be carried into effect by his executors, under the direction of his trusted professional friend, Dr. J. F. Hamilton, who in the brief time allowed had promoted the construction of a crematory fully adapted to the purpose designed by Dr. Winslow. The wishes of Dr. Winslow's children prevented the consummation of the project.

—M. Littré, the eminent *savant* and lexicographer, has for some time being obliged to keep his bed. He is suffering from great prostration of strength, resulting from profound anæmia. M. Littré, who also belongs to the medical profession, and is author of one of the best medical dictionaries in the French language, is in his seventy-seventh year.

—Science has lost a great man by the death of Joseph Bienaimé Caventou. In 1820, together with Pelletier, he discovered quinine, one of the most valuable remedies that has been contributed to the repertory of pharmacy.

Items.

—The Woman's Hospital (New York) embroglio, has led to another pamphlet, this time by the medical staff, against Dr. Marion Sims. The question is now narrowed down to one of veracity between the parties.

—Surgeon-Major G. K. Poole writes to the *British Medical Journal*—"The best remedy for bugs in hospitals is a bug-trap, made by boring a series of holes in a piece of soft wood with a gimlet, and placing this under a mattress of each cot. The piece of wood is to be put periodically into a basin of boiling water. This is an Indian hospital plan.

—Mr. Robert Ellis advocates the use of glycerine for preserving lime and lemon juice from change and freezing. The juice is to be heated to coagulate albuminous matters, and then sweetened with pure glycerine. This admixture will not only retard fungoid growths, but prevent the juice freezing, even during Arctic winters.

—Recently, in London, three men made a wager as to which of them could drink the greatest quantity of whisky. After they had consumed three bottles amongst them, one of them drank off a fourth. He immediately became insensible, and, notwithstanding every medical effort, expired in two hours afterward.

—The full programme of the Geneva International Medical Congress is out. Dr. Broadbent, of London, is the only British physician appointed to read, and no American is mentioned.

—We are informed that if powdered mustard is rubbed up with a little water it imparts to the latter powerful deodorizing and purifying properties. We regret that the proportions are not given.

—There is a decided increase in the number of suicides, especially in New York.

MARRIAGES.

BEACH—WHITEHEAD.—June 27th, 1877, at the bride's home, by Rev. A. C. Titus, assisted by Rev. Elijah Lucas, Arthur Beach, M. D., of Ilion, New York, and Nellie, daughter of William Whitehead, of this city.

BISHOP—CHEW.—On Thursday, June 28th, by the Rev. John Blackwell, at St. Paul's Protestant Episcopal Church, Trenton, N. J., Dr. William Bishop, of Annapolis, Md., and Annie E. Chew, of Trenton.

KELLER—STRAIN.—June 20th, at Columbus Grove, Ohio, by the Rev. J. B. Strain, assisted by the Rev. David Kingery, Dr. J. O. Keller, of Fort Wayne, Ind., and Anna M. Strain, daughter of the officiating clergyman.

MAUSE—CUSICK.—Wednesday evening, June 27th, 1877, at the residence of the bride's parents, Dr. J. M. Mause, of Winchester, Ohio, and Mellie L., daughter of J. W. Cusick, Esq., of Pyrmont, Ohio. Rev. Eaton officiating.

DEATHS.

ARMS.—On Tuesday, July 10th, Stillman E. Arms, M. D., in the 74th year of his age.

BADGER.—At Aspinwall-Colon, United States of Colombia, June 16th, George Badger, M. D., formerly of this city, and a son of the late Rev. Dr. Badger.

BURNELL.—On the morning of July 11th, Dr. William W. Burnell.

MOORE.—At Wellsburg, West Virginia, on Sunday morning, July 1st, 1877, at the residence of her husband, Mrs. N. P. Moore, wife of Dr. E. H. Moore, aged 43 years.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1066.] PHILADELPHIA, AUG. 4, 1877. [Vol. XXXVII.—No. 5.

Original Department.

Communications.

EXPERIENCE IN PUERPERAL ECLAMPSIA.

BY A. J. JESSUP, M. D.,
Of Westtown, New York.

In my experience of eclampsia in the puerperal state, I have observed the following facts :—

1. There has always been albuminuria, or, more strictly speaking, uræmia; although undiscovered, from lack of thoroughness in examination.

2. In a majority, the convulsive seizures occur between the fifth and seventh month of utero-gestation.

3. That a firm fibre with an adipose temperament are the class, *à priori*, in which we would most frequently expect convulsions.

4. When setting in after labor, with complete or nearly complete suppression of urine, death is inevitable.

5. As a nearly exceptionless rule, when labor has declared itself, empty the uterus as soon as practicable, no matter at what period of pregnancy occurring.

6. When there is no declared action of the womb refrain from interference, unless at full term, when, if convulsions persist, empty the uterus.

7. Almost always when occurring prior to full term the life of the fœtus is destroyed ; occasionally this happens at full term. These results being due to convulsions or blood-poisoning to the fœtus, or both.

8. When conditions are favorable, extract blood largely.

9. Chloroform must always be an adjuvant to venesection, or when the former is not practicable, give to control the fits ; the method will be mentioned further on, when mentioning cases.

10. The use of some free evacuant to bowels, skin and kidneys, is most imperatively demanded, the object being, as far as possible, to unload the blood of the poisonous principles, the elements of the urine.

My object in this report is merely to give the aspects and mode of management of my cases, and not to enter into a pathological history of the disease ; to offer them to your readers as my quotum toward the aggregate of experience in this interesting affection.

Case 1.—Mrs. J. Reported by Dr. J. H. Thompson, May 28th, 1870, in the Medical and Surgical Reporter of that date. Patient was my wife ; the main peculiarity in treatment was the extraction of blood from the temporal artery, owing to the excessive œdema of the arm concealing the veins, and rendering venesection impossible, together with a concurrent dislocation of the humerus, caused by a fall from her couch during the first convulsion.

Case 2.—Patient was the same lady, aged twenty-eight, at full term July 13th, 1871. Fits occurred at full term, after delivery. Albumen first seen at sixth month ; urine was tested daily up to day of confinement, showing increasing proportions of albumen, until it became nearly solid in the test tube ; kept up a thorough dietetic, diuretic, and moderately laxative treatment, which, however, did no more than prevent anasarca, and kept up a moderate flow of urine, without relieving the

renal oppression. A consultation was proposed, with the view of bringing on premature delivery, but was objected to by patient; she preferred to assume all risks, in the hope of having a living child. Here we cannot too much admire the heroic unselfishness of mothers, who prefer to hazard life itself rather than forego the prospect of maternity and all its hallowed affection, which extends even to the child yet unborn. After a tedious labor of nine hours, tedious from rigidity of the os, was delivered of a still-born child at full term, weighing eight pounds. One half hour afterward seized with clonic convulsions, affecting chiefly head, face and arms. Pulse feeble, 140; weak; skin cold; countenance purple; there did not seem power in the feeble heart to propel the blood to the surface, therefore venesection was without results. Two medical friends saw her, agreeing that her condition was one of uræmic oppression of the nerve-centres. The slight convulsions were warded off by chloroform, and, indeed, they formed no material element in her danger; she remained semi-comatose during the night, arousing at intervals, taking cold water freely; no urine; bowels would not respond to jalap, elaterium, or two drops of croton oil. On using the catheter obtained about one-half ounce of urine, very dark, of the consistence of molasses; no more secreted while she lived. There seemed no response from the nerve centres of organic life, to any stimuli employed; pulse, seven hours after first convulsion, was beyond computation; coma complete. The final scene ended fifteen hours after the first fit, and twenty-seven hours after commencement of labor. Toward the end congestion of the lungs was present very markedly.

This mode of death from uræmia is mentioned by Alonzo Clark. Here was a case in which the nerve centres, brain, medulla, and all the ganglia of organic life were overwhelmed by the blood poison everywhere present throughout the tissues, supplied by the vitiated fluid, whose deadly effects were observed even on the fœtus in utero, failing, as I believe, to support the life there, on account of its poisonous ingredients. Being insufficient to supply the medulla and par-vagi, they, in their turn, failed to stimulate the heart and lungs, as evidenced by the damming of blood on the right side of the heart, and slowness of the respiratory actions. By the breathing during the last twelve hours of life, it would seem that the par-vagi were insufficient, by its inhibitory function, to keep up normal respiration, the character of the breathing being thus: becoming slower, and at longer intervals until scarcely perceptible, then there would come a deep gasp, then the process repeated as before; as if nature required to be supplemented by the voluntary act in order to re-establish her function, which, when removed, respirations came faint, and fainter, until the vital function seemed almost submerged by the letheal tide, before a voluntary effort would come to temporarily restore the function, until final congestion and insensibility marked impending dissolution.

Another effect of this blood state is shown in the failure of the sympathetic to respond to cathartic action, the kidneys to diuretic, resulting in engorgement, congestion, inflammation, and final suppression of secretion.

The skin acted profusely, but only by a watery exudation, without smell or color, and valueless as an outlet of poisonous materials.

I have dwelt thus long upon this case, because of the deep personal interest, and also hoping to throw some light upon those physiological and pathological actions of which I have seen no adequate explanations in the writings or teachings on the subject of uræmia, and hoping they may aid in throwing some light on the phenomena of other cases of this disease. I pass on to Case 3, merely hinting that those gentlemen who claim never to have lost a case of eclampsia, who are drawn up in battle array against those who have, should consider that it is their good luck, and hoping that, should the time come when they will meet one of these helpless cases, they may feel more charitable to their more unfortunate brethren.

Puerperal eclampsia; primipara, 7 months, æt 22, with delivery by craniotomy. E. T.; called Dec. 31st 1874; of robust physique, in seventh month; being absent, Dr. Whitaker was called, both being present at 3 P.M.; had had four convulsions a few days previously; complained of headache, vertigo and general malaise; with the Doctor's help withdrew 28 ounces from the arm; at 4.30 P.M. a fifth fit occurred; kept her under chloroform until one hour had passed; the sixth fit occurred. The Doctor left; I kept her under anæsthetic nearly continuously for three hours, giving thirty grains potassium bromide every thirty minutes, and half grain morphia, subcutaneously; not repeated; no

more convulsions; urine highly albuminous; prescribed inf. dig., with an active purge.

January 1. Pulse 90, temperature 98; had rested well; bowels had acted freely; urine normal in quantity, albuminous.

From this date until January 6th was about the house; on the evening of this date was taken in labor, with some pains until 8th, when they began more actively; on being called, was again absent; Dr. Whitaker saw her; found os would admit two fingers; gave a full dose fl. ext. ergot; left. When I saw her the os was as large as a half-dollar; uterus seemed in a state of tonic contraction, with rigid os. Feeling certain that the ergot was acting badly, and having some anxiety that my patient should do well, having passed through one siege of eclampsia, I regretted the dose having been given; however, it would do no good to lament, so I tried every known method to relax the rigid os without avail. At 2 A. M. the same night, the pains continuing severe, without further dilatation, patient becoming exhausted, with a wild look in her eyes, what I most dreaded happened, one of the most severe, long continued convulsions I ever witnessed; bled to 16 ounces; chloroform; a second fit occurred in thirty minutes. I kept her fully under chloroform; sent for Dr. Whitaker, and Dr. Haynes, who arriving, agreed with me that, as it was unsafe to attempt delivery with forceps, we should proceed to deliver by craniotomy at the earliest possible moment, as we had grave reasons to fear a third convulsion like the last. Dr. Whitaker gave the anæsthetic; Dr. Haynes aiding by supporting abdomen, I proceeded to perforate; guarding the lips of the os by the fingers of the left hand, I succeeded in breaking down the cranium and delivering. Uterus contracted well; patient, after some fever and debility, made a good recovery. There was no doubt about the life of the child being extinct; motion had not been felt for more than twenty-four hours past.

I do not remember having heard of a case where craniotomy was required from such a cause. This case required immediate action; delivery must be had without delay, all the medical men present agreeing that the brain could not withstand the pressure of another convulsive seizure.

Case 4.—Puerperal uræmia, with impending eclampsia. A. Mc——, aged 27; primipara; adipose; plethoric; had always had perfect health; had been suffering with headache, with abdominal pains, referable to region of the stomach, and nausea, for one week previous to my visit. I was called on account of a violent and persistent headache. She described pain "as if caused by a nail being driven over right eye." I tested urine, and found it highly albuminous. While engaged in this, patient called me to the bedside. She sat up, saying that she could see but half of my face, while the supra-orbital pain became so intense as to cause her to cry out with agony. Without losing a moment, I took blood without stint, not caring for measurements. I bled until she fell over on the bed, fainting, in all a large wash-basin nearly full—about three pints. This relieved the intra-cranial pressure, as also the pain and defect of vision. The usual evacuants, with sedatives, were prescribed. At the end of three days I was summoned to attend her in miscarriage, death of the fœtus having taken place, and, of course, the uterus proceeded to expel the foreign substance. This must have been a result of uræmia. This case will also illustrate the necessity of extreme caution in dealing with pregnant primiparæ. We should examine the symptoms with extreme care, to the end that we may be enabled to step between the patient and danger or death, and so happily ward off either.

Apropos. Since we have so powerful an agent for relief, when used in proper cases, it would be well to remind those physicians who, in following modern fashions too much, neglect this important therapeutic agent, that in seeking a substitute in chloral, veratrum, aconite, and other deadly agencies, they are handling two-edged swords, which oftener sever the "silver cord" than relieve disease, and would call their attention to the report of a case from the pen of W. H. Parrish, in the Reporter, February 23d, 1876, Case 3. The treatment there needs no comment.

Case 5.—Mrs. DeG., age 23, primipara, full term, of delicate frame but healthy; albuminuria; venesection, twelve ounces. In this case chloroform controlled fits easily (as indeed it did in all of my cases subsequent to venesection). Labor set in three days after, with the birth of a healthy child.

I will conclude with a description of the method which I have found most useful in administering chloroform.

The fits generally recur at exactly equal

intervals. For instance, if the first two are fifteen minutes apart, they will continue to recur at the end of each fifteen minutes; if half-hour apart, one hour, and so on, unless the order of succession is broken by your efforts to subdue, or some change takes place in the phase of the attack. The practical application of this observation will be appreciated when giving chloroform; it would be unwise to keep a patient under chloroform from hour to hour, so my plan is to watch the clock, and when the time approaches when we may certainly expect a convulsion, I bring the patient fully under, keep her so until the time is past, then discontinue until the next, and so on, when, after four or five hours of such treatment, your patient will be secured for a considerable time, say twenty-four or forty-eight hours, from a recurrence of the fits; generally the period of immunity persists until the onset of labor. There is one little caution needed. We will suppose you have controlled three fits; in doing so you have broken the order of their regularity. You then relax your vigilance, and are surprised by a fourth.

Now, to make sure that there shall be but one fit after I enter the house, I pursue the method as above, with the further watchfulness of commencing the anæsthetic at the slightest signs of restlessness, staring, etc., which signs are generally the premonitions of a convulsion. Such a plan, followed for several hours, will, as remarked above, save your patient from the added risk of even one convulsion. Adjuvants, as mentioned above, will carry your patient on, until labor supervenes. If it has set in, the uterus must be emptied as soon as practicable.

ACUTE HYDROCEPHALUS AND ITS TREATMENT.

BY J. PIRNAT, M.D.,
Of Evansville, Indiana.

Without entering into the general discussion of this grave and fatal disease, of which so little is said in our journalistic literature, I shall try to give a few general hints in regard to its treatment, through your MEDICAL AND SURGICAL REPORTER. Up to 1874 I treated eleven cases in the following way, viz.:—

℞. Calomel, gr.iv
Potassæ nitratis, gr.iij. M.

Sig.—One such dose every three hours, till the bowels acted freely, and then as occasion demanded.

The head in the first five cases was blistered either with tartar emetic ung. or cantharidal vesicants, or painted with tincture iodine; and in the last six cases nothing was done, except the application of ice-cold cloths to the head. Internally—

℞. Tinct. veratri viridis, gtt.ij
Tinct. aconiti, gtt. ¼
Spir. nitrici dulcis, gtt.x
Ext. hyoscyami (or conii), gtt.½. M.

Sig.—Every two or three hours one such dose.

Later, in the second stage—

℞. Kali iodati, gr.j
Kali bromidi, gr.iv. M.

Sig.—With medium doses of tinct. veratri viridis every three hours.

Also soups, beef tea, milk and ice cream freely, as diet. Of these eleven cases ten died, and one became chronic, and died also, eighteen months after, in spite of all my treatment.

These are sad results for a young physician, and still I did not give up, but resolved to try a new plan of treatment, which has so far been crowned with success in two cases of acute hydrocephalus and one of acute inflammation of the brain in a boy ten years old. (In this case I used, the first sixteen hours, free doses of veratrum viride tincture, with quarter drop of tinct. aconite, every two hours.) My plan of treatment now is the following, viz.: whenever I find in my little patient more or less of the following symptoms—vomiting, obstinate constipation, urinates very little and at long intervals, often only once in twenty-four to thirty-six or forty hours, loss of appetite or variable, has fever, which is very changeable, is cross, peevish, or drowsy, or often puts its hand to the head, cries and moans now and then, often wants its head rubbed, or puts it for a moment in mother's lap, or, if older, lays on the floor, and puts the head flat down; the child often starts from its sleep without cause, or on the least noise, dreams a good deal, and often grinds its teeth during sleep; its expression is anxious and pitiful, respiration irregular, and as a rule, bright light is pungent to them; the pupils may be either contracted or dilated, the tongue is white, or yellowish-white, furred, and red on the tip and edges, but not always; there is also a peculiar pungent sour smell from the stomach, a very charateristic sign of this disease, which I noticed in two-thirds of my cases—if more or

less of these symptoms did not exist already too long (not over two or three days), in a previously healthy child and of healthy parentage, I tell the parents the gravity and fatality of this disease, and the importance of strictly carrying out my orders, which are the following, viz.: (1) Keep the child in a room of medium temperature, not too dark, but well ventilated in winter time, and in summer out-doors, in a shady and cool place, where everything is quiet and still, from sunrise till late in the night, and as comfortable as possible. Avoid, scrupulously, all excitement, as visitors (even nearest relatives), music, singing, etc., and let it be nursed, either by its mother, or any person whom it likes best, especially if it is of restless and peevish disposition; further, disturb it as little as possible, except when giving medicine, drink, or nourishment, and do this in a very gentle and kind manner; and if the child objects to anything, wait rather a few minutes longer, and then offer it again. (2) Take a large bladder, or still better, a rubber bag or ice cap, fill it half with pounded ice, tie it tight, and wrap it in a dry towel or soft muslin doubled, and keep it on the head all the time, changing the bag from the top to the occiput; *i. e.*, when one place gets well cooled off, put it on another in a gentle manner, and do this day and night. See that the towel or linen which envelopes the ice bag be always dry and comfortable to the child, and whenever the ice is melted, put a fresh supply in. (3) As to diet, I order the white of an egg to be put in a cup, well beaten, and diluted with three or four times as much ice water; the yolk to be treated in the same way, only here I add a little sugar of milk, which makes it more palatable and nourishing. Keep it always on ice, and give one or the other every hour, or as often as the child asks for drink or food; and if it refuses these two kinds, which is seldom done, I then have the following substitute prepared, viz.: Take two tablespoonfuls of good fresh oatmeal to Ojss water; let it cook down to Oj, then strain it through a fine strainer, or coarse towel; add to this six ounces good fresh milk, then let it come to boiling point again, and set it on ice, and when cool give it in small quantities, one or two tablespoonfuls, and this may again be alternated either with the white or yellow of an egg, as above noted. This kind of diet I also give to nursing children, and prohibit the breast entirely for one week; but here, in addition to oatmeal (or instead) I give Savory & Moore's infant's food, or the latter alone, which is an excellent article in weak and impaired digestion. The reason for doing this is to give the stomach, which so much sympathizes with the original brain affection, as soothing, cooling, nourishing, and as easy assimilating a food as possible, and in small quantities, so that the stomach can retain and easily digest it. (4) My plan of medication is now just on the other extreme of what it formerly was; it is simple, pleasant, and so far effectual, viz.: for a child twelve to twenty months old:—

℞ Calomel, gr.vj–viij
Ipecac., gr.$\frac{1}{20}$
Sugar of milk, gr.x. M.
Sig.—For one dose.

And if in four hours it has not acted—

℞ Calomel, gr.vj
Ipecac., gr.$\frac{1}{20}$ M.
Sig.—For one dose.

And if this should not act in four hours more, I then give cream of tartar, well diluted, freely, till its effect is produced. Then, in forty-eight hours, if the bowels are again constipated, I repeat the above dose. Further, I give the following one hour after the calomel, viz.:—

℞ Tinct. aconiti rad., gtts.v.
Sugar of milk, ʒss
Water, glassful. M.
Sig.—Keep it ice-cold, and give one teaspoonful every hour, for the first four hours, and then every two hours, and then the nourishment.

This will generally quiet the nervousness, if present, and cool the fever.

If in twenty-four hours of this treatment no apparent improvement shows itself, I then put tincture hyoscyami, six drops (or Squibb's fluid extract hyoscyami, two drops), in a tumbler of water with one drachm of sugar of milk, and keep it ice-cold, and give of this one teaspoonful every hour and a half to two hours, alternated with aconite water, and if after twelve hours more no improvement follows (which is seldom the case), I omit the aconite water, and give, instead, the following:—

℞ Tinct. pulsatilla (concentrated), gtt.x
Sugar of milk, ʒss.

Rub this well for half an hour, to a very fine powder, and then give of this one to two grains every one and a half to two hours, alternated with hyoscyamus water. Further, on the third

or fourth day of my treatment, I prescribe the following as a wash:—

℞. Iodide of potassium, ℥iss
Distilled water, ℥iij.

Sig.—Wash the whole head, morning and evening.

If the hair is thick, cut it off at the very start. Now, after this kind of treatment, if the case is early diagnosed and treated (which is seldom the case), there will be a positive improvement on the sixth or the seventh day—if any at all—and the first sign will be that the pupils, which are generally contracted or dilated, and very sensitive to light, will become more natural and active, the continuous and unrefreshing dozing or sleep will be changed to a more natural and refreshing one, the child, before fretful will be more quiet, and the kidneys more active, and the bowels easily operated on, or act on their own accord; the nose, before dry, will again secrete more or less, and the skin may also become moist; the continuous changing fever will subside, the tongue become more clean, and the peculiar pungent sour smell from the stomach disappear; and the child may, if old enough, ask for this or that article of food. Here, again, is a moment of great importance, where the greatest care must be taken in order to avoid a relapse, which is sure to be fatal; therefore the parents should always be informed how easy a relapse may take place by the slightest exciting cause. This accident I witnessed in a case of a little boy sixteen months old, who was for three days rapidly improving, and who was given a little fresh buttermilk for a drink, and also the ice bladder left off; the consequence was, that he died ten days after.

At this very time of improvement, when the resolution of the pathologically diseased meningeal membranes is going on, the same plan of treatment as above given should be carefully and perseveringly continued for a week longer, except that the ice bag or bladder may be left off now and then for a quarter to half an hour, or, still better, the thickness of the towel on the ice bag should be doubled, and the hyoscyamus water should be given only every six or eight hours; but the pulsatilla powders continue every two or three hours, and same nourishment, and be sure that all visitors, as well as other excitement, is avoided. When the child is quite convalescent, then, by and by, should be given milk, mush, or a few crackers in milk, or even a very soft boiled egg, and not too much at a time. Only when these precautions are taken there is no danger of a fatal relapse.

This treatment, if faithfully carried out, will generally do good in primary or idiopathic acute hydrocephalus, if early called; but not if it lasted too long, or if the diagnosis is made too late, when the disease is already going into the second stage, or even further advanced; neither will this treatment do good in those insidious chronic, scrofulous cases, where only a most carefully regulated medicinal and hygienic preventive treatment can avoid a positive fatal attack. In all my cases of late I visited the case every two or three hours, and watched each one faithfully, and saw that my orders were strictly carried out.

ACUTE RHEUMATISM TREATED WITH SALICYLIC ACID.

Reported by Joseph D. Lomax, M.D., Medical Superintendent Marshall Infirmary, Troy, N. Y.

The history of the following cases of acute rheumatism, treated in this hospital with salicylic acid, may be of interest to some of your readers. It includes all the cases of this disease that have been treated thus far with this remedy in the wards of the Marshall Infirmary.

I have reported the cases briefly, omitting to mention cardiac complications, and the effect of the medicine on the pulse and temperature, my principal object being to show the duration of the disease under this treatment, and the speedy relief which it brings to the patient.

The plan of treatment we employed was that adopted at the Bellevue Hospital, New York, as reported by Professor Clark, in the *Medical Record* for October 14th, 1876. The following is the prescription:—

℞. Salicylic acid, ℥iij
Bicarb. soda, ℥ij
Glycerine,
Water, āā ℥ij. M.

Of this, a tablespoonful is given every two hours for the first day, and afterward the same dose is given every six hours.

Case 1.—Male, aged 24, peddler, admitted Nov. 18th, 1876. He had been ill two weeks; most of the joints of the lower extremities were red and swollen, and so painful locomotion was almost impossible. Treatment was commenced at once, and the next day the joints were less painful, and could be bent with

considerable ease. The patient continued to improve, and on the fifth day was up walking about the ward, feeling quite comfortable. On the seventh day treatment for rheumatism was suspended, as all the symptoms had subsided.

Case 2.—Male, aged 21, bartender, admitted Dec. 11, 1876. He had been ill three days, most of the joints of the extremities were affected, and those of the lower limbs so painful walking was impossible. He was placed under treatment at once. The limbs could be moved with less discomfort. On the 14th he was able to be up and walking about the ward. The patient continued to improve rapidly, and was discharged on the 18th, feeling well enough to go to work.

Case 3.—Male, aged thirty-one, grocer's clerk, admitted December 19th, 1876. He had been ill one week. The disease was confined mainly to the lower extremities, attacking the larger joints, which were swollen, and so painful that locomotion was impossible. Treatment was commenced at once, and in twenty-four hours the joints were less sensitive, and could be bent quite readily. On the third day of treatment he was able to walk across the ward. The patient continued to improve, and on the 24th asked to be discharged. He went to work in a few days after.

Case 4.—Female, aged about twenty, attendant in the insane department of this institution, admitted April 15th, 1877. She had had, for a week or two, more or less pain in her joints, but during the twenty-four hours preceding her admission she grew rapidly worse, and had become almost helpless; the disease had invaded not only many of the articulations of the limbs, but also many of those in the upper portion of the spinal column. She was put under treatment at once. The next day the progress of the disease seemed arrested, the joints were not so sensitive, and could be flexed with less discomfort. On the 19th, or fourth day of treatment, she was up, feeling quite free from pain in the joints and back. She continued to improve, and on the 22d returned to her duties in the asylum.

Case 5.—Male, aged 31, farm laborer, admitted May 22d, 1877. He had been ill three days, and many of the joints of the extremities had become more or less involved, rendering him unable to walk or feed himself. Treatment was commenced at once. The following day the pain was much relieved, and the limbs could be bent quite readily. He continued to improve, and on the 26th he was able, unassisted, to go down two flights of stairs to the lawn, and return. He was discharged, at his own request, on the 30th, feeling very well.

With the exception of Case 5, none of these patients complained of any unpleasant effects from the medicine. In two or three cases there were some deafness and ringing in the ears. In the female these symptoms were very marked, and this patient suffered for two or three weeks after returning to work, from headache. She had never before been subject to headache.

To the cases reported above I will add the following:—

The daughter of the reporter, aged six years. Symptoms of acute rheumatism were detected on the 13th of May last. The salicylic treatment was not begun until the following day, when many of the joints had become involved; in fact, the disease seemed to have invaded the articulations generally. Those in the upper portion of the spinal column were very sensitive, and when disturbed, caused much distress. The little sufferer could not be moved without exciting much pain. The pulse was 140, and the temperature, taken in one of the axillæ, marked 101⅘°. The first dose of medicine was given in the morning, 14th, and the same directions were observed in the treatment of this as were followed in the preceding cases, the dose being reduced to one teaspoonful. The next day, the 15th, the progress of the disease seemed arrested, the joints were less painful, and the patient could be moved more easily. The pulse had fallen to 128, and the temperature to 100⅕. On the 16th the right elbow and left knee, also the back, were still very sensitive to motion, but the other affected articulations were less painful, and the patient could move herself a little. The pulse was 112, and the temperature 99. During the five succeeding days there seemed to be no further progress toward improvement, and the following change was then made in the prescription:—

℞.	Salicylic acid,	℥iij	
	Bicarb. pot.,	℥j	
	Wine colch. sem.,	℥v	
	Glycerine,		
	Water,	āā ℥iv.	M.

Of this two teaspoonfuls were given every six hours. This was continued for four days, but without any apparent beneficial results,

and further experiments with salicylic acid were not made.

It is now seven weeks since the attack commenced, and the heart has been examined from time to time during the progress of the disease by several physicians, and no cardiac complication has yet been discovered. If this organ has escaped, an interesting question, it seems to me, might suggest itself, namely, whether this immunity is due to the particular kind of treatment adopted; or was this patient one of the favored five out of two hundred children attacked with acute rheumatism who escape heart complication? Such questions, of course, can be decided only by statistics, and hence I have reported this case.

AROMATIC ELIXIR OF GLYCYRRHIZIN.

BY JOSEPH P. REMINGTON, PH.G.

Read before the Philadelphia County Medical Society, at a Conversational Meeting, held April 25th, 1877. Presented by the President of the Society, Dr. Henry H. Smith.

The researches of Z. Roussin upon the sweet principle of liquorice, *i. e.*, glycyrrhizin, have stimulated the use, to a considerable extent, of the preparation, ammoniacal glycyrrhizin, which is merely the sweet principle rendered soluble by combination with a small quantity of ammonia.

It was proved by many practical experiments that this principle possessed the valuable property of diminishing the sensibility of the gustatory nerve to the effects of such powerful bitters as sulphate of quinia, aloes, etc.

One of the most acceptable preparations is an elixir which contains, in addition to the sweet principle, certain aromatics which assist in rendering it more agreeable. A formula for its preparation is submitted.

℞. Powd. coriander		
" caraway, āā	108 grs.,	7 grammes
" cinnamon,	93 "	6 "
" star anise		
" tonqua, āā	62 grs.,	4 grammes
" canella		
" nutmegs		
" cloves, āā	31 grs.,	2 grammes
Ammon. glycyr.,	620 "	40 "
Oil of orange, fresh,	31 "	2 "
Alcohol,	16 fl.ʒ,	392 "
Water,	16 fl.ʒ,	470 "
Syrup,	48 fl.ʒ,	1857 "

The aromatics are placed in a suitable percolator and exhausted with a menstruum composed of the oil of orange, alcohol and water; the percolate is mixed with the syrup, the glycyrrhizin dissolved in a small quantity of boiling water and mixed with the liquid, and a sufficient quantity of water added to make the whole measure five pints.

If a more delicate preparation is desired, distillation may be resorted to, instead of percolation.

If the aromatics are not needed, and there is not time to prepare the above aromatic elixir, the apothecary can readily make an excellent substitute by dissolving ammoniacal glycyrrhizin in simple elixir, in the proportion of eight grains in a fluid ounce.

The method of using the preparation is as follows:—Pour into a tablespoon a dessertspoonful of the elixir, add to it the sulphate of quinia (two grains, for instance), and mix it. As soon as this is done, swallow the dose, and follow it with a teaspoonful of fresh elixir.

The advantages of administering sulphate of quinia in this way are—First. No anxiety need be felt as to its solubility in the juices of the stomach. Second. The necessity for prescribing patent or proprietary compressed, sugar-coated or gelatin-coated quinine pills, with their varying degrees of solubility is removed. Third. Any apothecary can prepare the substitute elixir, extemporaneously, or the aromatic elixir can be kept on hand ready for use. The process, unlike that of the manufacturers of compressed and gelatin-coated pills, is not patented, but open to all. Fourth. Many patients being unable to take pills of any kind, find no difficulty in taking this mixture. Fifth. No chemical decomposition takes place when the sulphate of quinia is added to the elixir, the mixture being merely a mechanical one. The following form is submitted as a convenient one for prescribing:—

℞ Quiniæ sulphatis, gr. xxiv.
Divide in chartulas No. xij.

Sig.—Mix one powder with a dessertspoonful of elixir, and after swallowing, take a teaspoonful of the unmixed elixir.

℞. Elix. glycyrrhizin aromat., f.ʒvj.
Sig.—Use as directed.

Or

℞. Glycyrrhizin ammon., gr.xlviij
Elixir simplicis, f.ʒvj.
Sig.—Use as directed.

FORMS OF PNEUMONIA.

BY A. B. PRICE, M. D.,
Of Hebron, Indiana.

The winter of 1876–77 was remarkable in this section. Snow fell early in December, and remained on the ground continuously until February. Weather was only moderately cold; mercury never getting lower than 17° below zero, and then only a day or two at a time, mostly ranging from zero to 20° above. It was remarkable, also, for so few days of cold, stormy weather; changes were not frequent or extreme. During February the snow nearly all disappeared, the weather was mild and spring-like, roads dry, and at times dusty. With March came a change; cold, stormy, blustering weather, with considerable snow and some rainy days.

Early in December pulmonary disease became frequent, and increased during January and February, notwithstanding the weather was so uniform and mild. The sickness abated considerably in March, yet pneumonia was more prevalent than usual. Bronchitis in children, and pneumonia in both children and adults, were the prevailing diseases. They were mostly of a mild character, and readily yielded to treatment. The attack was generally ushered in by a chill of more or less severity, attended with severe pain in the lungs; cough hard and dry; chill followed by high fever; pulse hard, small and frequent; skin hot; throat dry; breathing rapid and laborious; expectoration tough and glairy, and generally streaked with blood; tongue furred, brownish and dry.

Such was the general mode of attack. But in others the chill was succeeded by less excitement; pulse small, soft and frequent; patient complaining of a general aching of the system; face flushed, of a copperish color; pain not so acute in breast or side; expectoration more profuse, and from the first bloody, soon becoming quite of a rusty color; tongue dry and brown, or white, with red edges; bowels easily moved, and tendency to diarrhœa; skin not so hot as in the more open or sthenic cases; these cases were more protracted. The treatment in the more severe cases was calomel, from one to ten grains; pulv. doveri, five to ten grains, followed in a few hours by some mild cathartic, as oil, or sulph. mag.; after the operation of the cathartic, calomel in small doses, with pulv. doveri, was given once in four hours, alternate with ten drops of mixture composed of fluid extract gelseminum, two parts, tinct. verat., Norwood's, one part; sinapism to chest; cool drinks. Quinia was indispensable in all cases, but more especially in those of a typhoid character. I gave it freely to nearly all my patients, young and old, with decided benefit in children; in the croupous form of pneumonia it was given liberally. Quinia and the mixture mentioned had a happy effect in reducing the frequency of the pulse and heat of skin, and when continued with calomel and doveri equalized the circulation, promoted a diaphoresis, and restored the secretions generally. In a few cases opium and camphor had to be used to restrain the bowels. The main reliance was on the quinia, gelseminum mixture, dover and calomel. I had 100 cases during December, January and February, from the mildest to the most severe grades, and under this general plan lost none, while in other parts of the country, under different treatment, a great many deaths occurred. The gelseminum and veratria was repeated once in two hours until pulse and skin were reduced to a more natural condition, and then once in four hours; dose increased gradually until this effect was produced.

In the latter stages, or in a few days, as an expectorant, used comp. syrup scillæ, with paregoric and the gelseminum mixture, alternate with the quinia and calomel, and doveri.

Pneumonia was very prevalent in this country during the winter; a good many deaths occurred among the aged and infirm. I can confidently recommend the gelseminum and veratria mixture to the medical fraternity, as a most valuable and reliable article, with which I think all will be pleased who may try it.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

CLINICAL LECTURE BY PROF. LOUIS A. DUHRING.

REPORTED BY DR. ARTHUR VAN HARLINGEN.

Bullous Eruption Due to Iodide of Potassium.

Joseph S., aged 20, a laborer by occupation, and in good general health, gives the following history: He has had a slight eruption on the forearm, on and off, for several years past, which used to go away without treatment, but the last attack of which was so severe as

to call for remedial measures. The eruption has always been about the same in character, consisting of a small patch of reddened and thickened skin, covered with "pimples," which are sometimes a little watery and at other times scaly. This eruption has always itched considerably. The physician to whom he applied for treatment, about ten days ago, on account of the eruption just described, gave him some fluid medicine, as it was told him, "to drive it out." The present eruption began to appear almost immediately, the patient states within four hours of having taken the first dose, in the form of small "pimples" which gradually increased in number and size, not assuming their present proportions and appearance for several days. It has, from the beginning, been accompanied by slight burning and itching, though he has refrained from scratching and rubbing.

On examination, we find the eruption to be confined, for the most part, to the hands and forearms, both hands being quite symmetrically affected. It extends somewhat above the elbow. Upon the forearm both flexor and extensor surfaces are involved, as well as the backs of the hands and the backs and sides of the fingers. There is one small lesion in the centre of the left palm. The inner surface of the right wrist is also markedly affected. The left hand is decidedly worse than the right. The ends of the fingers about the nails are free.

The lesions consist of variously sized pin-point, pin-head, small split-pea to large pea-sized vesicles, containing clear serous fluid, with no disposition to become pustular. They are well formed, remarkably persistent, and show no inclination to rupture. They are elevated decidedly above the surface of the skin, in some cases to the height of one-half to two lines, and are roundish in shape, and in many instances have coalesced, so as to form irregularly shaped bullæ. They rise quite abruptly from a non-inflammatory, but here and there slightly hyperæmic, surface, and are entirely without areolæ. They are of a pale yellowish-white color, are tensely distended, and have a glistening look.

They are in all stages of development, some incipient, some mature, while some are about disappearing. The new ones look like minute drops of sweat, beneath the epidermis (miliaria). The older ones have a shriveled, macerated, semi-opaque appearance. Here and there a few of the older ones contain an opaque fluid. They are exceedingly numerous, covering the whole of the back of the hand, and especially the backs of the fingers. They are so close to one another as to run together here and there. Upon many of the older ones, where coalition has taken place, little partitions are seen, with darkish puncta, like boiled sago grains, imbedded in them. Where patches occur the skin is slightly reddish in color, but scarcely inflammatory. All of the older vesicles are flattened on the apex, but show no signs of umbilication, and when dry leave no crust. There is no œdema or serous infiltration of the subcutaneous connective tissue, and the hands are in no way puffed out beyond what would be occasioned by the vesicles themselves. There is no regularity of disposition, nor is there any tendency to grouping; the lesions are strictly disseminated. The larger vesicles are situated over the dorsal surface of the third joint of the fingers, while the knuckles are spared more than other portions. The lesions are the same on both hands, with the exception that they are more numerous and more highly developed upon the left than upon the right hand.

Passing the palm over the surface of the eruption, the lesions are felt to be very distinctly raised, firm, and can be pressed upon with considerable force without rupturing them. Pricking one with a pin, we observe a full drop of pure, almost transparent, slightly yellowish serum to exude, but which is not at all gummy in quality. The inner surface of the wrists is occupied by a diffused, slightly reddish patch, composed of lesions similar to those upon the hands, and which have, for the most part, coalesced. The vesicular lesions found upon the flexor surface of the forearm, as far up as the elbow, become smaller, vesico-papular and papular, as the elbow is approached. A few of the lesions described are found upon both arms above the elbow. The face is marked by scaly abortive papules about the nose, forehead and side of cheek. The lesions are said to have been more marked in this locality a few days ago; they are now in a state of desquamation. There is no eruption upon the scalp, neck or trunk until the groins and pubic region are reached, where a number of lesions are observed similar to those upon the forearms, except that they are not so far advanced, being, for the most part, papules or papulo-vesicles. They form a patch here, and extend down over the upper and inner surface of the thigh, for several inches. The general tint of this patch is dusky red. The lesions here do not itch. The legs are quite free from eruption. On the backs of the feet and about the ankles, however, and here and there on the backs and sides of the toes, are found distinct, pin-head to split-pea sized vesicles, but not more than a dozen in all. One single one on the dorsum of the great toe of the right foot has assumed the size and appearance of a bulla, the area of a finger nail.

Upon the extensor surface of the forearm is a patch of simple eczema, vesiculo-papular in form, verging upon eczema rubrum. This patch is about six inches long by three wide.

It is, in the first place, necessary to distinguish between the patch of disease on the forearm and the lesions upon the hands. The former, it will be remembered, is of several years' duration, and is, without question, an infiltrated patch of vesicular eczema, while the latter is an acute eruption of a few days' standing, and, moreover, quite different as regards its lesions. Viewing the hands, we can scarcely confound the eruption here with acute vesicular

eczema, for the vesicles are considerably larger than those met with in eczema; they show, moreover, no disposition to rupture spontaneously; on the contrary, they have thick walls and are persistent. Inflammatory signs are also wanting. We further learn that no decided itching symptoms are present, symptoms which, were the lesions eczematous, would be pronounced.

If the hands alone were examined, the eruption might also be mistaken for scabies, but the absence of lesions upon other portions of the body is in itself a point which would preclude this disease. Moreover, in scabies we should have multiformity of lesions, notably papules and pustules, both of which, indeed, would predominate over the vesicle. The short duration of the eruption is also to be taken into consideration; in the case of scabies three or four weeks, at least, would be required to produce such extensive lesions; and we should, moreover, have active dermatitis.

As the hands are seen at a short distance, protruding from the coat sleeves, the eruption reminds one strongly of a severe attack of variola, for the lesions are about the size of the small-pox pustule, and although not pustular in character, have a thick covering and a whitish yellow color. Their elevation and their persistence also call to mind the small-pox eruption. Seen in the street, with the hands hanging beside the body, the case would, without doubt, be regarded by the majority of persons as variola.

The eruption bears a close resemblance to the disease of the sweat glands, termed dysidrosis, in which variously-sized vesicles, generally, however, smaller than those in the case before us, make their appearance about the apertures of the ducts of the perspiratory glands, and for the most part about the fingers. The peculiar "boiled-sago grain" appearance in the centre of the vesicle, characteristic of the lesion of dysidrosis, is also, as we have noted, present in the eruption before us. Comparing our case with the plate representing dysidrosis, in Fox's Atlas, we note a striking resemblance between the two forms of disease. The history, however, at once serves to distinguish the diseases. The entire absence of all symptoms of sweating would, in itself, preclude dysidrosis.

The vesicles could scarcely be confounded with those of herpes iris, for their distribution is altogether irregular, and the arrangement not concentric. There are other obvious features in the eruption which would preclude the diagnosis of herpes iris.

Having now excluded the several diseases of the skin for which the eruption might be mistaken, we arrive at the view which might have suggested itself in the first instance, namely, that the eruption was one produced by some substance ingested, either in the way of food or medicine. We may recall in the history, that the patient remarked he had taken repeated doses of some fluid medicine, and that the disease quickly manifested itself within twenty-four hours, at which time he ceased taking the same. We find, upon questioning him, that it was a bitter, disagreeable tasting medicine, one which left an unpleasant metallic taste in the mouth, which was still present the following morning. From this statement we, of course, are not at liberty to come to any definite conclusion as to the remedy, but I strongly suspect that it was the potassium iodide, a remedy which, let me here add, is given very commonly, and with a free hand, I regret to say, by many of the profession, for almost every disease of the skin. Oftentimes its employment is most injudicious, and at times harmful, as in the case under notice, where it was given for a simple eczema, which, from its localized character, in all probability would have yielded to external means alone. In any event, it was not the remedy for eczema. Taking into consideration the history which we have just obtained and the character of the eruption, we may conclude that, in all probability, it is one of the iodide of potassium eruptions. It is interesting to note that the iodide of potassium has here produced a different form of eruption from that usually encountered. The ordinary eruption resulting from the internal use of this remedy is acne-form in character, or of an inflammatory pustular nature. Vesicular and bullous eruptions have, however, been noted by several observers. The localization of the eruption is a feature in the case before us which is not usually encountered in eruptions due to the ingestion of internal irritants; the lesions are apt to show themselves here and there over the general surface, and to be diffused.

No especial treatment is demanded, for, upon stopping the use of the medicine the old lesions will begin to dessicate; new ones will cease to appear, and, in the course of a few days, the condition of the skin will have become greatly altered for the better. We shall, however, direct the hands to be dusted with a powder composed of equal parts of oxide of zinc and starch, and to be wrapped with cloths, to protect them from violence and all external influences.

[Four or five days later the patient again presented himself at the clinic, showing a marked improvement; the lesions, indeed, had almost completely disappeared, and he was able again to commence work. He brought with him on this occasion a copy of the prescription he had been taking when the eruption broke out upon him. This was found to call for five grains of the potassium iodide every third hour.—Rep.]

Recipes.

Syrup of Bromide of Potassium.—Dissolve 1 ounce of bromide in 1 ounce of water, and add 18 ounces of simple syrup. The simple syrup may be replaced by syrup aurant.

Syrupus Cocæ.—Coca leaves, 1; boiling water, 10. Infuse twenty four hours; express, filter, and add 17½ of sugar in each 10 of filtrate.

Editorial Department.

Periscope.

Hypertrophy of the Prostate, with Retention of Urine followed by Ulceration and Perforation of the Bladder, and Extensive Subperitoneal Abscess.

Translated by John B. Roberts, M. D.

M. Duplay received into the Saint Louis Hospital a patient, aged 65 years, who had had absolute retention of urine for forty-eight hours, caused by a hypertrophied prostate gland. At the time of admission the catheter was introduced, and over a quart of urine, mixed with some blood, withdrawn. The following day it was noticed that the hypogastrium was swollen, tense, dull on percussion, and very painful even to superficial pressure. The local and general symptoms increased. The patient's face became pale, and his general condition serious; the pulse soft and compressible, and 96 to the minute; the temperature 102° F., and accompanied by great thirst, dry tongue, and anorexia, but there was no vomiting. The abdominal swelling increased until the entire subumbilical region, including the iliac regions, was involved; the skin had a slight rose color, and the subcutaneous veins became more conspicuous, while pressure caused acute pain. The catheter was used regularly, and the indications met by proper remedies. Rectal examination showed nothing particular but a voluminous prostate, which was not sensitive when touched. The man stated that he had not received any blow upon the abdomen, and although he drank a good deal, was not intoxicated when the present trouble occurred. Subsequently the dull percussion note over the abdomen became somewhat tympanitic, and gave the idea of a cavity containing fluid and air, while the left chest presented signs of pleural effusion. Death occurred on the ninth day.

At the autopsy the abdominal wall was divided, when the knife penetrated a vast cavity occupying the entire hypogastrium, and containing fetid gas and a small quantity of dark brownish liquid. This cavity, with irregular walls, was limited in front by the abdominal muscles, which were partly destroyed and reduced to a gangrenous mass, and behind and above by a brownish membrane, grayish in places, covered with thick pus. This membrane, which isolated completely the purulent collection from the absolutely healthy intestines and peritoneal cavity, seemed to be formed of the peritoneum itself, separated from the abdominal muscles. The bottom of this collection of fluid was at the bladder, and by blowing through the urethra an opening between the bladder and this cavity could be demonstrated. The separation of the peritoneum extended along the lateral and posterior walls of the abdomen up to the diaphragm on the left side, and to the spinal column. The costal attachments of the diaphragm were softened and gangrenous, and there was apparently a perforation into the left pleural sac, for it contained fluid similar to that in the purulent cavity in the hypogastric region. The lungs were healthy, and no false membranes of recent date were found on the pleura. The bladder showed the lesions of chronic cystitis, and an ulcerated perforation about half an inch in diameter was seen in the upper and right hand side of the wall of the viscus.—*Archives Générales de Médécine*, 1877.

Artificial Atrophy of the Eye.

Dr. N. Feuer describes the method employed in the clinic of Professor Schulek to produce artificial atrophy of the globe of the eye. A small seton of thread is introduced into the vitreous, by means of a curved needle passed behind the ciliary body; this is left in position four to six hours, until a slight chemosis is produced, when it is withdrawn. Subsequently atrophy of the organ occurs. This operation has been used in most diverse cases, such as hydrophthalmos, staphyloma, ciliary pain following anterior synechiæ, and even to prevent sympathetic trouble. No bad results have supervened, and there is thus obtained a stump which answers very well for the adaptation of an artificial eye.—*Annales d' Oculistique, March and April*, 1877, *from Wiener Med. Presse.*

J. B. R.

The Changes in the Ciliary Processes during Accommodation.

The theory of accommodation, formulated by Helmholtz, Graefe, and others, is confirmed by the observations of J. Hiort in a patient deprived of the iris by traumatic causes (total traumatic irideremia), in whom the ciliary processes could be distinctly seen by oblique light, the ophthalmoscope, etc. It was easy to study the action of the ciliary body during accommodation, and after instillations of extract of calabar bean and of atropia. His observations showed that in accommodating for near objects, 1, the obscure border of the lens became wider; 2, the ciliary processes approached the axis of the eye and became swollen; 3, the distance between the edge of the lens and the ends of the ciliary processes (zonular space) did not appear to undergo any change; 4, these changes were not instantaneous, but demanded an appreciable time. Relaxation of accommodation was also accomplished in a gradual manner. The distance of the lens from the sclerotic was in-

creased during accommodation, and just enough so to correspond with the advancement of the ciliary processes. By the action of atropia the ciliary processes receded perhaps a little, but it could not be ascertained that there was any change of zonular space.—*Annales d'Oculistique, vol. 77, p. 194 (1877).* J. B. R.

Extreme Deafness, Excessive Tinnitus, and Suicide.

Rudolph Voltolini, of Breslau, gives, in the *Monatsschrift für Ohrenheilkunde*, November, 1876, the case of a cab-driver in Breslau, 37 years old, who consulted him in 1860 on account of deafness and tinnitus. He was entirely deaf on the right side, and could only make out conversation with a trumpet on the left.

Examination.—Right—large dry canal; nothing unusual on membrana tympani. Left—perforation of the membrana tympani; mucous membrane of tympanum much reddened. After warm water and lead acetate injections, iodine back of ear, and sublimate pills, was much relieved, and did not present himself till the spring of 1876, when he was brought to me by his friends, he being unable to walk without assistance, on account of dizziness and disturbance in the head.

The subjective noises had become intense; he could only reiterate, "I can't bear it any longer; the noise in my head will drive me to self-murder." Examination showed that the right ear was deaf, as in 1860, but in the left the membrana tympani had healed, and words shouted loudly could be heard. Heard the words on the right side, but did not understand them. Both membrana tympani movable; otherwise nothing remarkable. With a Politzer catheter, various medicaments were used, without avail, and on March 16th I perforated the right side with the galvano-caustic. No effect. Afterward, treated with douches, etc., at All Saints' Hospital, without benefit. On the 24th of May he came again, in desperation, to me, begging me to relieve him of the terrible noises. Now did, on the left side, a tenotomy of the tensor tympani, with the Weber-Griel knife. This bringing him no relief, patient hung himself on the following day.

Post-mortem.—Right ear, the one in which the perforation had been made:—posterior segment a good-sized opening; membrane movable with pneumatic speculum, and tolerably translucent, though somewhat thickened; otherwise normal. After opening membrane were visible the depression of round window, tendon of stapes, its little head, and long process of anvil. Hammer and anvil readily movable with forceps; stapes absolutely immovable. On removing membrana tympani found cavity of tympanum free of adhesions, and openings of Eustachian tubes also clear. In labyrinth was tolerably normal; no thickening or degeneration; a number of atoliths in canals. A further examination of stapes showed complete anchylosis between it and oval window, with thickening of membrana secundaria.

Left ear, in which tenotomy was made:—considerable congestion of membrana tympani from operation, and discoloration post-mortem. Opening for tenotomy gaped widely, and membrana tympani with hammer quite movable. On removing membrana tympani found tendon of tensor tympani perfectly divided. In cavity of tympanum the anvil easily removed from stirrup; latter entirely immovable and fixed in the fenestra ovalis. Cavity of tympanum normal. Round window filled in with connective tissue fibres. On cutting into labyrinth the stapes and oval window were found to be anchylosed in one bony mass. The canals clear and normal, but in their little sinuses were a great number of small vessels—more than I have ever before seen here (could they have caused the noises?). Little else remarkable.

I believe the deafness due not so much to anchylosis of stapes as to degeneration of membrana secundaria. I advocate the use of the tympanic mirror for diagnosing changes in the cavity, but it must be used with a magnifying glass. The widow of patient received insurance on his certificate, which stated that patient's suicide was nothing more than a similar death in case of delirium from fever, where the patient, perhaps, throws himself from a window.

Treatment of Excessive Sweating.

In a discussion on anhidrotics, before the College of Physicians of Ireland, Dr. Hayden stated these were medical agents capable of arresting or controlling morbid perspiration. Anhidrotics were most frequently demanded in the advanced stages of pulmonary phthisis—those, namely, of softening and excavation. If the perspiration occur during sleep and toward morning, it is most effectually controlled by five grains of Dover's powder, given once or twice in the course of the night. If the perspiration be due to excessive coughing, the inhalation of ten to twenty minims of chloroform, or a full dose of chlorodyne and liquor morphiæ (ten minims of each) is the best remedy. Tepid sponging of the face, neck, chest, and hands, with equal parts of toilet vinegar and water at bedtime, is useful and agreeable. Cold or tepid drinks and sucking ice are aids in checking perspiration. The night dress should be put on hot. Belladonna (extract, half a grain: or tincture, thirty minims, at bedtime) checks in some degree the night-sweats of phthisis. Oxide of zinc in combination with Dover's powder seems inferior to the latter given alone. In one case, profuse and obstinate sweating in convalescence from enteric fever was checked by insisting on the patient leaving his bed and sitting up. For sweating of the hands, feet, and axillæ, in those otherwise healthy, frequent washing and sponging with "tan-yard liquor" (*i. e.*, a strong, cold infusion of oak bark) is very efficacious. Perspiration may be checked

directly by means of topical astringents or by cold, but these means are of only temporary efficacy, and induce active reaction of the sweat-glands. Inhibition of blood-supply to these glands through the vaso-motor nerve-system, as exemplified in Bernard's experiments of galvanizing the sympathetic nerve of the submaxillary gland, constitutes the scientific plan of treating general hidrosis. The medicinal agents by which this may be accomplished are anhidrotics in the true sense of the word. It is a question of much interest whether, following the clue afforded by Bernard, physicians may not find in electricity an agent still more potent than medicine in the treatment of hidrosis. It would seem that cold liquids introduced into the stomach, being rapidly absorbed, act as anhidrotics by cooling the blood, whilst external heat acts as a peripheral irritant of the vaso-motor centre, whence, by inhibition of the cutaneous vessels, the functional activity of the sweat-glands is restrained or suspended.

Dr. Finny had used dilute sulphuric acid and liquor ferri perchloridi in phthisical sweating; also three-grain doses of Dover's powder and sulphate of atropia (one-eightieth of a grain for a dose). He mixed half a grain of the sulphate with sugar of milk, and divided the mass into forty pills. He bore witness to the value of atropia in the treatment of local sweating, and referred to a case of bromo-hyperidrosis of the feet, reported by Dr. Grimshaw (*Irish Hospital Gazette*, 1872, p. 52) as being cured by atropia. It had not, however, in his (Dr. Finny's), experience, checked the sweating in enteric fever.

Dr. MacSwiney had been taught to use the diluted mineral acids with bitter infusions, acetate of lead, and belladonna, as anhidrotics. Sponging the body with warm diluted vinegar was very efficacious. Having regard to the correlation of diarrhœa and perspiration in phthisis, he did not think it desirable to use energetic and continuous means of arresting diaphoresis in the third stage of the disease.

The chairman said that remedies like cod-liver oil, which improved the condition of the system, often checked perspiration in a remarkable manner. Evening drinks should be forbidden, as far as possible. Cotton worn next the skin and tepid sponging were useful. A powerful nervine like strychnia would lessen perspiration; but such remedies lost their effect after a time.

Reviews and Book Notices

NOTES ON CURRENT MEDICAL LITERATURE.

——The Prophylactic Treatment of Placenta Prævia. By T. Gaillard Thomas, M. D. A reprint from the *American Practitioner*, May, 1877. The prophylaxis consists of the use of premature delivery, and "in every case of undoubted placenta prævia, in which the flow of blood threatens, by its amount or frequent recurrence, the loss of mother and child," the author is convinced that premature delivery should be induced.

——By the same author—"Report of a Case of Abdominal Pregnancy, treated by Laparotomy." From an extensive experience he offers the following suggestions for the management of these cases.

1st. No general rule can be given as to the propriety of a resort to surgery in extra-uterine pregnancy. In a certain number of cases interference would be a blunder; in others, non-interference would be tantamount to a sacrifice of the patient's life. The indications developing in each individual case should be the guide to practice.

2d. It is recommended that the placenta be not manually removed, but be left to nature's efforts at expulsion.

3d. The placenta being left in situ, it follows as a corrollary, that the external wound should be kept open, to permit of its escape.

4th. Antiseptic injections into the emptied sac should be resorted to as soon as evidences of septicæmia appear.

——The *Annales de Demographie Internationale* is a new French periodical devoted to vital statistics and the questions they involve. The first number appears very well edited, and we may have occasion to refer to its contents hereafter. Guellemin et Cie, editeurs.

——Dr. A. C. Peale contributes to the *Penn Monthly*, for July, a very interesting study of "Thermal Springs and Geysers," of special interest to medical readers.

——The Eighth Annual report of the Board of Health, of Massachusetts, makes a volume of 500 pages, well supplied with maps and tables. There is not quite the matter of general interest which we have found in previous volumes, but for all that it will be welcomed by all interested in sanitary science. The topics discussed are: the pollution of streams; sewerage; the sanitary condition of Lynn; registration of deaths and diseases; the growth of children; disease of the mind, and the health of towns. The principal contributors are Dr. C. F. Folsom, J. G. Pinkham and H. P. Bowditch. The discussion of sewerage is particularly apropos at present.

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THE ENGLISH DISCUSSION OF THE PROPRIETY OF LIMITING FAMILIES.

Some forty years ago a Boston physician, respectable, we believe, but not eminent, Dr. KNOWLTON, impressed with the political doctrines of the eminent clergyman and political economist, MALTHUS, wrote a small book advocating the limitation of childbearing in married life.

Mr. MALTHUS, writing in 1798, and his followers, F. PLACE, JOHN and JAMES MILL, RICARDO, SENIOR, FAWCETT, CAIRNES, and a host of economists, have shown that there is a constant *tendency* in all animated beings, including mankind, to increase more rapidly than the means provided by nature for subsistence. In our race a woman commences to menstruate at fifteen, and continues apt for reproduction until the age of forty-five, or thirty whole years, during which time she might easily, on an average, give birth to twelve or fifteen children, if in good health. It is this constant *tendency* toward rapid reproduction which causes the present most unsatisfactory state of hygiene among the poorer classes in over-peopled countries. In the United States the tendency to increase rapidly is evinced by the fact that ever since 1780 the population was doubled in some twenty to twenty-five years, in many instances entirely without counting immigrants. England has never doubled its numbers more rapidly than in some fifty-two years. Hence, it is as clear as a sum in addition that the English, and especially the French, who remain stationary in numbers altogether, must have had their increase checked by some causes. In England these causes are infant mortality, celibacy of women, and prostitution (which induces barrenness). In France, the population has been mainly kept down by the enforced celibacy of army life, and by the avoidance of large families among the married.

The propriety of this latter step has been insisted upon by many eminent sociologists. The distinguished philosopher, JOHN STUART MILL, exclaims, in one of his essays, "Little advance can be expected in morality until the production of a large family is regarded in the same light as drunkenness, or any other physical excess."

Impressed with his views, a Society in England lately reprinted Dr. KNOWLTON'S book; but the bigotry of some English conservatives could not bear the discussion of the question, and the Society was prosecuted. The result was, its representatives were acquitted, and the sale of the book rose, from a total of 500 copies before the trial, to 125,000 copies since the indictment was lodged! Thus does fanaticism defeat itself.

The English medical weeklies have all discussed the subject, and with their usual timidity. They do not pretend to attack Mill's arguments; they only deprecate the publicity given to what they call the discussion of a dangerous topic. Fortunately this country was educated in the principles of Thomas Jefferson, and taught from its infancy that the

surest way to rob a topic of danger to the commonwealth is by the fullest and freest public discussion of it.

We have not seen Dr. Knowlton's book, so we cannot speak of its merits or demerits. But as a physician and sociologist we have repeatedly stated in this journal that the subject he discusses is one of grave import, proper and necessary for both professional and general consideration, one which no prejudice nor bigotry can much longer keep in the shade. If the book in question, as was alleged, treats of it in a way to encourage immorality, physicians are to blame that it is so; they could and they should present the matter, as it can be presented, as a topic of general social welfare, freed from this immoral tendency. All knowledge can be abused; but that is no reason for preferring ignorance on any subject; and the absurd position that our only or chief safeguard against sexual immorality is the fear entertained by one or both parties, that bastardy may result, is a most discreditable, and for this country, a most false, notion. If English women are chiefly restrained from profligacy by this fear, it is not so with the women of the United States, and we do not believe that the general knowledge of the "preventive checks" to having offspring would add in any appreciable manner to sexual vice. This opinion is not theoretical. Every city physician knows that these checks are perfectly well known to the "men about town," the libertines and "fast fellows;" but he also knows, from the confessional of his back office, that these men do not pretend to have derived much or any aid from them in their unlawful amours. The nation that trusts to the fear of bastardy to keeping its women in the path of virtue, rather than to religious training, moral principles, and a knowledge of the sacred duties of wife and mother, takes a position which we should be sorry to see assumed in defence of American women, and one which, for ourselves, we scout and repudiate in their behalf.

Notes and Comments.

Treatment of Syphilis.

In a recent paper read at Berlin, Dr. Ziemssen laid down as a fundamental law that no remedy could be absolutely depended on for the cure of constitutional syphilis. This being assumed, the treatment was, in the first place, directed to the symptoms; and those remedies were to be preferred which did least injury to the body while combating the individual symptoms. In the second place, attention must be paid to the greater or less frequency of relapses. Dr. Ziemssen advocated specially the local treatment of the individual symptoms of syphilis. This was formerly, and still continued to be, frequently neglected and even discountenanced, on the ground that the simultaneous local treatment prevented a proper judgment of the general from being formed. Since 1869 Dr. Ziemssen had steadily carried out this plan, and had found it to essentially assist and shorten the treatment. This treatment comprised not only the cleansing and surgical cure of ulcerations, but also scraping with the sharp spoon, excision of extensive indurations, incision and emptying of gummata, removal of necrosed portions of bones, etc. Regarding the chief kinds of general treatment, Dr. Ziemssen said that the various diaphoretics, such as sarsaparilla, described as specifics, acted only by diaphoresis, which could be produced to as great an amount, and as efficaciously, by drinking a similar quantity of warm water, followed by wrapping. Sulphur baths were largely delusions.

Hot Water Injections in Uterine Hemorrhages.

In confirmation of the utility of this practice we may adduce the following short article published by M. Ricord in the *Union Médicale*, June 5:—"Hemorrhages in general, and metrorrhagias in particular, whatever may be their proximate cause, are, as is well known, very frequently difficult to arrest. Hæmostatics given internally, astringent injections of every description, plugging, etc., generally fail. But one means has almost had infallible success in my hands—viz., the injection of hot water at 50° C. (122° Fahr.), carried directly against the cervix uteri by aid of the tube of an irrigator from which the caoutchouc canula has been removed."

Cysticercus in the Pons Varolii.

Dr. Frédet relates, in an Italian journal, the case of a young man, twenty-two years of age, and of apparently robust health, who fell dead in the street. At the autopsy the meninges and cerebral hemispheres were found to be normal. At the anterior portion of the pons varolii there was observed a gray membrane, which had the appearance of a cyst, and which, on section, was found to contain a cysticercus, readily recognizable by its ampullæ and hooks. In the absence of a post-mortem, the fatality in this case would almost certainly have been attributed to some other cause than the real one, perhaps to apoplexy.

The Value of Calcium Sulphide.

A correspondent of the *Lancet* writes:—Last February you kindly published a case and a few remarks of mine, corroborating Dr. Ringer's assertion, and I have since had several such cases under treatment, in which the sulphide has acted admirably. In December, 1874, I published a case of diabetes, in which the sulphide quickly and entirely removed the symptoms, since which time I have used this drug in all similar cases, but with less success than I was led to anticipate. Still, in diabetes I find it a valuable auxiliary to treatment, especially in the eczematous condition so lately described by Dr. Braxton Hicks, and also in vesical and urethral irritation. It is a valuable sedative; but not, I think, equal to codeia (which I believe Dr. Pavy first suggested should be given in place of opium), and which, as far as my experience goes, is the best sedative for such cases we possess.

Treatment of Diphtheria.

At a recent meeting of the Therapeutical Society, M. Cadet de Gassicourt gave an account of the trials he had made at the St. Eugénie Hospital with copaiba, cubebs, perchloride of iron, chlorate of potash, and salicylic acid. In fact, cures were effected by all these means, but the chlorate of potash has been, perhaps, the most successful. The essential thing is a tonic treatment, and the resorting to local applications as little as possible, avoiding those of a caustic nature. M. Blache agreed with M. Cadet in condemning the use of caustics, the nitrate of silver being an especially detestable application, which he has known to produce true wounds in the pharynx. His father was a great advocate of the use of the chlorate of potash, which he used with the greatest success in the form of irrigation of the pharynx, repeating this twenty times in the course of the day. M. Créquy, while agreeing with what had been said as to the superiority of internal treatment, still believed that a properly directed local one prevented the diphtheria spreading to the larynx. He employs tannin, not applying it as is usually done, over the false membranes, but after these have been removed.

Determination of Albumen in Urine.

According to J. Stolnikow, urine containing albumen is diluted with water, until a sample poured upon some nitric acid contained in a test-tube produces still a faint white ring at the point of contact, after a lapse of forty seconds. The number of volumes of water added to the volume of the urine (which may be taken as one) is divided by 250, and the quotient will be the percentage of albumen in the urine. This relation has been established and confirmed by gravimetric determination.

The Use of Pilocarpin.

This substance, the alkaloid of the celebrated jaborandi, is now largely in request in Germany. At first it was hoped that the alkaloid might possess one only of the two specially characteristic actions of the leaves, viz., diaphoretic and sialogogue. But although this unification of action has not been attained, pilocarpin manifestly acting both on the skin and on the salivary glands, the operation of the drug is so far simplified that none of the "remoter" actions of jaborandi are produced by its alkaloid. It is suggested that pilocarpin may be found valuable as an antidote to the alkaloids of the *Solanaceæ*.

Iron in Sea-sickness.

Dr. Landerer, of Athens, says that a very popular remedy against this ailment, in common use among mariners in the Levant, is the daily internal use of iron. This is obtained in a very primitive way—a portion of the iron-rust adhering to the anchor and anchor-chain is scraped off and administered. At the same time, a small pouch containing roasted salt and flowers of thyme is tied upon the region of the navel, as firmly as can be borne. This is said to lessen and gradually to subdue the

anti-peristaltic motions of the stomach caused by the rolling of the vessel. This preparation was already known to the ancient Greeks as "thymian salt." M. Landerer says that he knows several seamen who have been cured by this treatment.

The Value of Ergot in Producing Uterine Involution.

Dr. S. B. Flowers, of North Carolina, writes us that he is accustomed to administer ergot after nearly every case of parturition in multiparous women, and especially in those who have heretofore had uterine disease. He continues it in some cases, for several weeks, combined with other remedies, to meet special indications. The result of this treatment has been very gratifying, both to his patients and himself; and in one case, among the first treated, it was the means of putting the patient on her feet at the end of her month, whereas, in her former deliveries, she had to be subjected to several months' treatment, both local and general, before she was able to attend to her household duties.

Vesical Paralysis.

Dr. C. A. Freeman, of Newark, describes in a letter to us a case of vesical paralysis in a man fifty-four years of age, satisfactorily remedied by the galvanic current and tonics. He adds that elaterium is often of great advantage in such cases.

Correspondence.

Letter from Oregon.

Ed. Med. and Surg. Reporter:—

It is estimated that twenty-five thousand emigrants will arrive in this State during the year. In that number may be found the usual proportion of physicians, and to my brethren of the medical profession I wish to speak a few words. Nothing is truer, as a rule, than that a good physician can find enough to do anywhere; but there may be more good physicians in one locality than are needed. Oregon needs good physicians. I would not imply that we have a dearth in that respect; we have some, yes, many successful and well educated men now in active practice; but the truth must be told: we have more than our share of ignorant, disreputable men, who have never seen the back door, even, of a college; but who brazenly put "Doctor" on their signs, and attempt to practice the art and science of medicine.

The California law requiring an examination of all who offer their medical services to the public, has worked mischief to this State, where there is no such law. The druggists' clerks, doctors' hostlers, quacks and pretenders, who set themselves up as physicians, have been driven from that State to this, and we suffer in consequence.

I am no stickler for medical titles. I am aware that a hatful of diplomas does not of necessity make a successful physician; but a diploma proves that the possessor has the right to be called "Doctor," even if he is a poor one.

There are many self-educated men here, men who have not graduated, but who are worthy of all honor and respect for their good works. They are not afraid to go before any Board of Examiners, properly and legally constituted. Why should they be? If they understand their business, certainly they are not afraid of being questioned.

What we need and must have is a law similar to the Texas or California law. I do not claim perfection for the law in either of those States, but the intention is good, and the sooner Oregon physicians demand a law which shall crush out the horde of disreputable pretenders who have flocked here, calling themselves "Doctors," and who prey upon a confiding community, the sooner will the true physician be respected, be he graduate or not, and the public welfare protected. C. H. M.

Canyonville, Oregon.

Chloral in Eclampsia.

Ed. Med. and Surg. Reporter:—

Noticing in the Reporter of July 14th, 1877, a communication from Dr. James Masten, of Westfield, Pennsylvania, on the use of hydrate of chloral in eclampsia, I will briefly relate the good results of the use of the drug in similar cases that came under my observation. In October, 1875, I was hastily summoned to see Mrs. F. On my arrival, I found Mrs. F. to be a rather delicate woman, aged about thirty-six. After making some inquiries, I learned she had given birth thirty hours preceding my visit, and that she had not known anything, and had been having convulsions since six hours preceding her confinement. She had been attended by a physician who had been with her from the commencement of her illness until a short time before my summons. He had bled and purged her severely, and, giving up all hopes, left, stating to the family that Mrs. F. was bound to die. I immediately gave her twenty-five grains of hydrate chloral, and repeated the dose in two hours. Mrs. F. did not have another convulsion after the second dose was administered. I continued to give her ten-grain doses of chloral and bromide of potassium for the next two days, increasing the dose to twenty grains whenever any symptoms of a convulsion would come up. She continued to improve, and in a short time her health was as good as usual. C. V. Widding, M.D.

Stephensport, Ky., July 18th, 1877.

News and Miscellany.

On Chloral.

Dr. Oscar Liebreich charges that American chloral is especially badly prepared. It should not be used in cakes, but in crystals. Of the amount to be taken he says :—

"As regards the dose, it is not possible to speak of a normal dose. I have already pointed out that ordinarily small doses aggravate the condition in trismus and tetanus. Here I have used as much as eight grammes with a good result. In the case of drunkards, however, I would recommend caution. It is also most advisable not to allow milk to be taken, as was done in the Balham case, since under its use the formation of chloroform goes on rapidly, and may occur in the stomach.

"That exceptionally large doses of chloral may be taken by men is proved by the injection of chloral into the veins. An injection of 6.75 grammes of chloral produced in eleven minutes complete anæsthesia, and a sleep which lasted thirteen hours. I merely mention this fact, without entering on a criticism of the treatment."

Suicides in Paris.

A correspondent writes :—

There seems to be a regular epidemic of suicides and homicides in Paris ; for there is scarcely a day passes without our hearing of one or other of these criminal acts. It is difficult to assign any particular cause for this tendency to shorten life ; but the police reports would seem to point to intemperance and immorality, and the great thirst for luxury and pleasure that pervades all classes. It is remarkable, also, that the tendency to suicide is not confined to any particular age or sex ; for a boy aged eight lately hanged himself, owing to maltreatment from his parents ; a girl aged sixteen threw herself out of her window on the fourth floor, from disappointed love ; and an octogenarian cut his throat, from failure in business.

The Size of London.

London covers nearly 700 square miles. It numbers more than 4,000,000 inhabitants. It comprises 100,000 foreigners from every quarter of the globe. It contains more Roman Catholics than Rome itself ; more Jews than the whole of Palestine ; more Irish than Dublin ; more Scotchmen than Edinburgh ; more Welshmen than Cardiff. Has a birth in it every five minutes, and a death in it every eight minutes ; has seven accidents every day in its 7000 miles of streets ; has 123 persons every day, and 45,000 annually, added to its population ; has 117,000 habitual criminals on its police register ; has 23,000 prostitutes ; and has 38,000 drunkards annually brought before its magistrates.

Vital Statistics of Professions.

Dr. B. W. Richardson, in his recent lectures upon the Influences of Occupation on Health and Disease, gave some interesting statistics of the rates of mortality among persons engaged in different professions and occupations, derived from the official publications of the Registrar-General. He calculated that, taking 100 to represent the rate of mortality among all males in England and Wales aged fifteen years and upward, the rate, after due correction for the varying ages of persons engaged in the different occupations, was equal to 63 among barristers, 71 among the clergy, 102 among solicitors, and 106 among physicians and surgeons.

Obituary Notes.

—Dr. Alexander D. Rutherford, a well-known Harrisburg physician, died suddenly at the residence of his mother in that city.

—Dr. Dominique Coutant, aged 70, a French physician, died suddenly, of Bright's disease of the kidneys, at his residence, No. 68 West Houston street, New York city.

—Dr. Isaac Bauman died at Elizabeth, Pa., recently, at the age of sixty-eight. He had a State reputation as a practitioner, and faithful service for nearly fifty years had gained the esteem and confidence of the community where he lived.

—Dr. William McClay Wallace died suddenly in Erie, on Tuesday. He was the oldest son of William Wallace, of Harrisburg, the grandson of William McClay, the first United States Senator from Pennsylvania under the Constitution, and the great grandson of John Harris, the founder of Harrisburg.

—Professor Nathan R. Smith, the distinguished surgeon and medical practitioner of Baltimore, died at his residence on Saratoga street, in that city, in the 81st year of his age. For many years he had been the acknowledged head of the profession in Baltimore, and up to within a few years had been in full practice. As a citizen no one was more respected. The deceased was a native of Cornish, N. H. In 1825 he was appointed professor of Surgery and Anatomy in the University of Vermont, and organized the medical school of that institution. In 1827 he accepted the chair of surgery in the medical department of the University of Maryland, which he filled for many years. He was known as a writer in various medical journals, and published a voluminous work on the surgical anatomy of the arteries, which was well received in this country and in Europe, and went through several editions.

—It was an Irish coroner who, when asked how he accounted for an extraordinary mortality in Limerick, replied sadly, "I cannot tell. There are people dying this year that never died before."

Items.

—Several deaths from gangrenous tonsillitis have been reported from New York.

—The Long Island College Hospital graduated thirty-two students this summer.

—Artichokes are good for rheumatism; and hearty jokes are good for dyspepsia.

—In the German empire it is the rule that medical practitioners must declare each year whether they are inclined, in case of war, to take service as military surgeons.

—The advisability of including chloral hydrate in the schedule of legal poisons is now under the consideration of the Law and Parliamentary Committee of the British Pharmaceutical Council.

—The State of Kentucky has not a single Board of Health of her creation, and in the largest city of the State (Louisville) the municipal Council have abolished the entire health organization; a most remarkable measure.

—The Germans are about to establish a special journal for articles on the management and diseases of children. It is to appear in October next, under the joint editorship of Dr. Baginsky and Dr. Monti. Seeing the very great importance of this branch of medicine, we doubt not that a well-conducted journal of this kind will meet with favor.

Personal.

—Dr. John P. Reynolds has been appointed to the chair of obstetrics, at the Harvard Medical School, left vacant by the death of Dr. Buckingham. Dr. W. L. Richardson has been appointed instructor in obstetrics, and the office of instructor in clinical obstetrics has been abolished.

—Dr. Thomson has been obliged, by reason of pressing private business, to resign his position as one of the Surgeons to Wills Hospital—a position which he has filled to the satisfaction of all for a number of years. He has been unanimously elected Emeritus Surgeon, by the Board.

—Dr. Henry S. Schell, was lately unanimously elected as Attending Surgeon at Wills Hospital, in place of Dr. Thomson, resigned.

QUERIES AND REPLIES.

Depilatory.

Dr. R. S. H., of Ohio.—"What is the most reliable depilatory?"

Answer.—You will find one given in the MEDICAL AND SURGICAL REPORTER, vol. xxx, page 276.

Penna.—There are decided objections against physicians supplying one or a few druggists with private formulæ; but if you have made no secret to any one of yours, your course is not to blame.

Dr. T. H. B. S., of Md.—What is the most efficient treatment for pain in the side during pregnancy?

Answer.—A well-made abdominal bandage would probably relieve it.

Dr. F. R., of N. J.—"Would a gleety discharge of ten years' standing cause gonorrhœa in the female? Would the moderate use of lager beer aggravate the discharge? Would the use of iron and ergot arrest the discharge so long as a slight stricture remains?"

Answer.—To the first two questions, yes; to the third, no.

Dr. J. S., of Pa.—You will find quite full treatment for rheumatic gout laid down in Napheys' *Modern Therapeutics.*

MARRIAGES.

OLDHAM—MORRIS.—At the residence of the bride's parents, on East High street, Springfield, Ohio, Thursday morning, 28th inst., by Rev. Dr. Oldham, assisted by the Rev. A. Irvine Crigler, Dr. J. C. Oldham and Miss Josephine M. Morris, daughter of Joseph L. Morris.

RIDDLE—BINGHAM.—May 31st, 1877, by Rev. J. T. Fredericks, at the residence of the bride's brother-in-law, Mr. Samuel McFarland, W. V. Riddle, M. D., and Miss Emma Bingham, all of Burgettstown, Washington county, Pa.

SOLLY—EVANS.—On June 27th, 1877, at the residence of Thomas Mellor, Montgomery county, Pa., by Friends' ceremony, Dr. S. Edwin Solly, of Colorado Springs, and Elizabeth M. Evans.

WALLACE—GUEST.—On June 27th, 1877, at the residence of the bride's parents, on the Meadow Brook Farm, near Swedesboro, N. J., by the Rev. James H. Lamb, rector of St. Peter's Church, Clarksboro, Dr. S. G. Wallace, of Camden, and Miss Annie A. Guest, only daughter of Jonathan Guest, Esq.

DEATHS.

CLARK.—On Saturday, June 30th, Anna B., wife of Dr. E. Clark, in the 77th year of her age.

GRAVES.—On Friday, June 22d, 1877, at his residence, near Navasota, Grimes county, Texas, George W. Graves, M. D., in the 67th year of his age.

He was born in Yanceyville, Caswell county, North Carolina, graduated in the College of Physicians and Surgeons, New York, and in Jefferson Medical College, Philadelphia; practiced some time in Georgia; moved to Washington county, Texas, in 1852, and to Navasota in 1872. He was a Granger, an R. A. Mason, and an exemplary member of the Baptist Church.

GATES.—On July 16th, V. Bruce Gates, M. D.

JAQUES.—On Sunday, July 1st, Dr. C. W. Jaques, aged 33 years.

KELLY.—May 26th, 1877, at Port Royal, Juniata county, Pa., Dr. Joseph Kelly, in the 82d year of his age.

KISSAM.—July 8th, George Purdy Kissam, M. D., in the 28th year of his age.

KISSAM.—July 14th, George Purdy Kissam, eldest son of the late George Purdy Kissam, M. D., aged 3 years, 1 month and ten days.

LUDLOW.—At his residence, Yonkers, Saturday, July 7th, Edward G. Ludlow, M. D., formerly of New York, aged 84 years.

MARTIN.—On the 16th of July, at Whitemarsh, Mrs. Margaret Martin, relict of the late Dr. John A. Martin, in the 58th year of her age.

PENNINGTON.—At the new Germantown Lutheran parsonage, 15th inst., midnight. Laura Day, infant daughter of Dr. William and Susan A. Pennington, of Somerville, New Jersey.

STEIN.—Suddenly, July 12th, E. M. Stein, M. D., Surgeon United States Navy, aged 38 years.

WRIGHT.—Saturday, June 30th, Dr. J. T. Wright, aged 65 years.

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"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

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"LIVERPOOL, PENN, June 1, 1876.
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DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
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BY
WILLIAM B. ATKINSON, M.D.,
Physician to the Department of Obstetrics and Diseases of Women, Howard Hospital, Philadelphia.

T. K. COLLINS, Publisher,
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THE

MEDICAL AND SURGICAL REPORTER.

No. 1067.] PHILADELPHIA, AUG. 11, 1877. [Vol. XXXVII.—No. 6.

Original Department.

Communications.

RETARDED DILATATION OF THE OS UTERI IN LABOR.

Read before the Philadelphia County Medical Society,

BY ALBERT H. SMITH, M. D.,

Lecturer, on Obstetrics, to the Philadelphia Lying-in Charity.

PART I.

In selecting this subject for a paper to be read before the Society, it is not my purpose to bring forward any original ideas, nor to present any facts which may not be familiar to every member of the Society, but rather to put into groups, and separate, the morbid conditions which delay the first stage of labor, according to their several causes, and suggest the application of appropriate treatment adapted to the removal of these causes.

Every practitioner of obstetrics can testify to the annoyances arising from delay in the first stage of labor. It is looked upon as the stage in which nature acts her part without allowing interference, in which neither the hand of man, nor the tool of the mechanic should be used to hurry the process of parturition. In the second stage, after the os uteri is opened, we can hurry the work by mechanical interference, either manual or instrumental; in the third stage we are impelled to aid the emptying of the uterus by active assistance, by pressure from without, even when nature is quite capable of ending the work herself. But we are taught that in the first stage it is nature's prerogative to complete the process unaided, as a rule, and that we must simply exercise our patience in waiting; that she will take care of the mother and child, and that to interfere will be "meddlesome midwifery." How many of us have known what it is to sit hour after hour by the bedside of the patient, waiting anxiously for the dilatation of the os, in our younger days, afraid to leave the sick-room lest some sudden change would come, and knowing that we were needed elsewhere by the exacting and impatient sick.

It is to the different conditions which delay the first stage of labor, and the means by which we may safely and intelligently overcome them, that I wish to call your attention.

These causes of delay may be divided into two classes, viz: first, those dependent upon conditions in the cervix uteri itself, usually included under the general name of rigidity of the os uteri; and second, those dependent upon the absence of dilating force, often mistaken for, and treated as, cases of the first class. We may then divide them loosely into cases of real and apparent rigidity, and the importance of nicely distinguishing between these two classes has suggested this paper. I wish to call attention briefly to the diagnostic points of each class, and the appropriate means of its relief, and I will confine myself this evening to the consideration of the first class, asking the indulgence of the Society at some future time to finish the subject.

The first class may be divided into (1) active rigidity and (2) passive rigidity, or as the late venerable Professor Hodge preferred, into vital and physical rigidity.

1. Active or vital rigidity, or, as it is generally and familiarly known, spasmodic contraction

of the os uteri, is not strictly speaking a rigidity of the tissue of the cervix, any more than the contraction of the uterus in the pains of labor could be called a rigidity. It is essentially a spasm; it is a neurosis; it is a morbid functional condition in which the circular fibres of the neck spasmodically resist the dilating force brought to bear by the contraction of the body. There is a hyperæsthesia; an over-sensitiveness which pleads to be let alone; the touch of the finger produces pain, and the touch of the fœtus violently brought against it leads to an angry resistance. Its diagnosis is very marked; when we find it as a complication of labor, that labor is pre-eminently a suffering one. The initial pains are severe, and as the labor advances they become intense; the patient is nervous, restless, in great distress, moral as well as physical; her skin is hot, her pulse frequent, and her mouth dry; she has all the signs of a febrile condition; when you examine her by the touch, she shrinks from it in agony; the perineum and vagina are dry and hot; if you can reach the os in spite of her resistance and entreaties, you find it slowly yielding, if at all; but in the absence of a pain you usually find it with a round well defined edge, perhaps even considerably dilatable, and you think the labor has advanced admirably; but so soon as a pain comes on, when the bulging membranes or the cranial wedge is driven down against the rim of the os, you find the os contracting upon it, and the soft dilatable tissues harden up, and the edge looses its rounded form and stretches out over the wedge with the thinness of paper. The patient shrieks with suffering, and especially from your touch, which is now increasingly painful. The shock upon the whole nervous system is so great that the uterus itself is paralyzed in its effort, and while the presenting mass is driven down, firmly and violently at first, against the rim of the os, the contraction suddenly subsides, the mass goes back, and nothing is accomplished. Here we have genuine and successful resistance; the contracting uterus drives the mass forward, the brim of the pelvis lets it pass, it impinges fairly upon the vaginal portion of the uterus, and fits tightly against the rim of the os, but the os refuses to open.

Now, what will we do with this condition? If we recognize in it evidences of nervous irritability, clearly we should expect to gain the best results from constitutional means which would soothe that irritability. And I think the practical results of such treatment fully confirm the theoretical suggestion. We find the condition abating promptly under such influences as quiet the nervous excitement, allay sensibility, diminish the activity of the circulation, and control the local congestions. Foremost among the remedies which promise these effects is *opium;* positive and prompt in its action, free from any danger, and never contra-indicated except in very marked peculiarities of the patient in her susceptibility to its unpleasant effects. If we give her a suppository of one-half grain to a grain of watery extract of opium, or its equivalent in morphia, or powdered opium, or the enema of laudanum, or if preferred, the hypodermic injection of the salt, or in cases of much febrile action, administer by the mouth repeated doses of morphia, with diaphoretics and digitalis, we are pretty confident of certain results. Our patient falls off into a quiet sleep; her pains abate; her heart's action diminishes in violence; after a period varying from an hour to two or three hours, she wakes up refreshed, with her whole moral and physical condition improved; her pains come on regularly, with little suffering in the intervals. When we examine, we find the vagina cool, much less sensitive; the os soft and yielding, with a good round edge remaining during the pains, the uterine contraction with every recurrence now clearly opening the os, and the labor proceeding steadily and normally to its end. I am so confident of these results, that I rarely look for any other means, when I have such a condition present.

We may get from the use of *ether* or *chloroform* the same result; but I think as we get on in experience we are less disposed to run too quickly to our anæsthetics. We call them perfectly safe, and so far as the mere breathing of them goes, they are so, in cautious hands, given merely to allay pain without causing profound stupor. But they do diminish the force of the contractions somewhat, and if given too long they do produce a muscular relaxation which may interfere with the tonic contraction of the uterus in the third stage of labor, and give us hemorrhage from inertia. If we resort to them very early in labor, we cannot easily afterward withdraw them, in face of our patient's touching appeals, and I am not in the way of making use of them in so early a stage of the labor as that

in which we are compelled to resort to opium for the relaxation of the spasm of the neck.

Chloral has lately become a favorite remedy, given in large doses repeated. I have had little experience with it for the purpose; for I regard it as much more prostrating in its after-effects, thus given, than opium, and less controllable than the vapors of ether or chloroform. *Tartar emetic*, as recommended by Dr. Evory Kennedy, of Dublin, given in repeated doses until emesis is produced, every ten or fifteen minutes, is a very efficient and safe remedy; the antimony, while it relaxes the circular fibres of the os, and diminishes the nervous irritability by its refrigerant effect, does not depress the muscular power, or abate the force of the uterine contractions, as might be supposed. Its disagreeable action in the production of nausea and vomiting, however, do not recommend it. The *warm bath* and the hot uterine douche are very efficient aids in tedious cases, by their general and local soothing effects.

Bleeding from the arm has had its powerful advocate in Dr. Dewees, and no doubt any spasm can be relaxed by a condition of syncope as recommended by that able authority; but if your experience sustains mine in finding this spasmodic contraction in the anæmic and already feeble woman, depressed and worn out by the continued ailments of pregnancy, you will not often resort to bleeding *ad deliquium*, which seems to have been with Dr. Dewees an almost every-day matter. In this spasmodic rigidity, local efforts at dilatation are, in my opinion, excluded, as generally being a uselessly painful procedure. The simple *traction* by the finger upon the os, sensitive to an extreme degree, merely aggravates the pain and increases the spasmodic contraction already developed by the pressure of the fœtal mass; the use of the Barnes dilator, or still more the Molesworth, can only have the same effect as digital traction greatly intensified. After the spasm subsides, if there remain a true rigidity of tissue, these measures become not only admissible, but also urgently demanded.

One measure, which has been recommended by English and French obstetricians in every form of rigidity, I cannot too strongly deprecate in this form, as utterly unjustifiable; this is *incision* of the cervix uteri. What would we think of a surgeon who would use the knife in an acute spasmodic stricture of the urethra; or the physician who would propose to relieve trismus by dividing the muscles of mastication. And yet we find cervical incision advocated and practiced by its advocates, in a simple spasm, without even an attempt at relief by the simple and almost certainly successful use of constitutional means. In a very interesting and ably written thesis presented by my friend, Dr. Bunting, of Roxborough, to the Faculty of Medicine of Paris, in 1861, in which he advocates the incision of the cervix with all the enthusiasm of a young surgeon fresh from the contagious influence of the clinique, he mentions, among other cases illustrative of the success of the operation, one in which a primipara of twenty-five years presented a typical case of spasmodic rigidity; a few hours after dilatation began, the accoucheur, M. Taurin, whilst the os was undilated, thin and painfully rigid, ruptured the membranes. No constitutional means were resorted to, no baths, no sedatives; but as the symptoms continued, nine hours after the rupture, an incision was made into the anterior lip and the head drawn through by the forceps. These forceps probably were not engraven with Blundell's motto, "*arte non vi.*"

2. The second form of rigidity is the passive, or, as Dr. Hodge has called it, "physical." This is not a mere functional condition, dependent upon constitutional causes, but is a genuine rigidity, a want of distensibility, dependent upon tissue peculiarities. It may vary from the simple firmness of tissue found in the cervices of many primiparæ of advanced years, as a want of true physiological softening, to the cartilaginous hardness of a fibrous or malignant degeneration. Unlike the intermittent paroxysmal condition of which we have been speaking, attended with general and local symptoms of nervous and vascular derangement, it offers a continuous resistance; the os uteri is natural in its character; its margin round and well-developed; its tissues not sensitive; the vagina not hot nor dry; perhaps, unusually moist; the fœtal mass is carried down firmly into the brim of the pelvis, and impinges frankly against the rim of the os, excluding the finger from entrance into its cavity during the contraction of the womb; and yet the os does not open; and the patient gradually becomes exhausted by the steadily recurring and yet fruitless pains. Here we have a very different condition to be met by very different means from those used in the spasmodic variety. While

general treatment may be auxiliary, we must rely chiefly upon local and mechanical means to overcome a mechanical resistance. We may use our opiates, and sedatives, and refrigerants, to save our patient from the effects of too long-continued suffering; but they will not do much to aid us in opening the os. Our local means should be addressed, firstly, to applications to soften the indurated tissue, and secondly, to mechanical means to force open the os. Of the first, the most useful is the *douche* of hot water; this I use at a temperature of about 105° to 110°, injecting about a quart, in a stream, from a Davidson's syringe, directed against the os and cervix, repeating the operation every hour or two, as long as necessary. In several cases of anatomical rigidity, in old primiparæ, or in cases of slightly premature labor, I have seen the cervix softening rapidly, and, under the increased force of contractions of the womb, the os dilating promptly. For this purpose, the Davidson's or any pump syringe throwing an intermittent stream is preferable to the bag or fountain stream, which is continuous and of little force, although an admirable instrument for irrigating in uterine diseases or puerperal troubles.

Of means to produce a forcing open of the os, the simplest is the *traction* by the finger upon the anterior lip, a procedure useful in almost any case of labor not attended by spasmodic rigidity. The index finger of the examining hand is to be carried between the fœtal mass and the anterior lip of the uterus in the absence of pain, allowed to remain there until the pain comes on, and then drawn forward toward the vulva, stretching the rim of the os in conjunction with the dilating force of the womb. If the membranes are unruptured, and there is reason why their rupture should be avoided, caution should be used, in introducing the finger into the os, not to touch them rudely; with a little care there is no danger.

We have in the *india-rubber bags* of various forms most valuable dilators; of these we have first the colpurynter of Braun, of Vienna, being a bag for introduction into the vagina only, expending its dilating force upon the vaginal attachment of the cervix, and not within the canal. It may be used with warm water, and distended until the vagina is filled to its entire capacity, the bag bulging beyond the vagina. It may be allowed to remain in this position for fifteen minutes, and then withdrawn, to be renewed again after a rest. Sometimes I have with advantage alternated the use of hot and cold water in the colpurynter. Better than this is the fiddle-shaped bag of Dr. Robert Barnes, of London; so valuable and so well appreciated that it is familiar to every practitioner of medicine. Using successively the three different sizes, we have a powerful, and yet, if properly used, a safe and gentle means of dilating. It may be carried into the cervix without danger of rupturing the membranes, and the opening of the os be almost fully accomplished while the child is freed from the compression of a diminished uterus. But I would caution the accoucheur, firstly, to try his instrument before introducing it, or he may, after a tedious effort to get it safely within the cavity of the uterus, find himself foiled in expanding it, from some defect in its walls; and secondly, never to introduce air as the distending agent. This last point was vividly impressed upon my mind a few years ago, in a case which I was called to see in great haste. When the Barnes bag had been introduced for the purpose of completing a premature labor induced in a contracted pelvis, air had been forced into the bag until it was largely distended, bulging into the vagina; the patient was perfectly well up to that time, everything going on satisfactorily, when suddenly the inner end of the bag gave away, the whole amount of air contained in it being forced into the uterine cavity, peeling up the membranes (which were unruptured), detaching the placental margin and entering the uterine sinuses. The patient instantly became livid, shrieked with a sudden agony, respiration ceased, the pulse became extinct, and death seemed imminent. By prompt and powerful stimulation and artificial breathing, kept up for some time, she fortunately recovered; but the lesson was too deeply impressed to be ever forgotten. Molesworth's dilator, another of the rubber-bag instruments, is too violent in its action, and has not elasticity enough for use in the full term uterus, and cannot compare with the Barnes bag in ordinary conditions of rigidity.

Sponge tents have been highly advocated by some accoucheurs for use in dilating a rigid os; I have always been afraid of them in the pregnant uterus, while valuing them most highly in other conditions. The sponge tent, as we all know, as it expands, buries itself in the tissues, and when we remove it after expansion we find

it covered with blood from the lacerated surface from which we have torn it. Now, we know, unfortunately, too well, how easily the abraded vaginal and uterine surfaces of a puerperal woman will absorb septic matter, and how easily inflammatory action may be set up in these tissues; and we cannot be too cautious how we expose such a surface to the decomposing discharges from the uterine cavity, as a starting point for a puerperal fever. I could recall cases which have come to my knowledge, never reported publicly, where the use of the sponge tent to induce premature labor has been followed by fatal results, no doubt from the causes I have given. Their action is also too slow to be depended upon in the condition under discussion.

After dilatation has progressed far enough to make them available, we have an admirable aid to dilatation in the *obstetric forceps*. In this position I know that I will meet with much dissent. There are those who take the ground that the obstetric forceps should never be carried within the lips of the uterus, nor used until the os is fully dilated. I hope, in a later part of this paper, to show that in many cases such restriction would render the termination of labor an impossibility without mutilation of the child. But why such objections to the use of the forceps within the uterus? I grant that they must be properly constructed and properly used. They must be forceps having blades of a shape to fit closely to the head, not increasing the bulk of the cranium in passing through the cervix, allowing the soft tissues of the head to bulge through the fenestræ and protect the uterus from any pressure; they must, therefore, have oval fenestræ, upon the Hodge or the Davis model; they must be applied conscientiously to the sides of the head (the only uniform surfaces adapted to receive the uniform concavities of the blades) and its long axis; and traction must be made in imitation of nature's efforts, the force from before being simultaneous with, and precisely similar in its action to, the force from behind; the uterus and the forceps must act together and alike; the traction must be in the line of the pelvic axis; it must be intermittent; it must be direct, with no contusing lateral movement; and if these conditions are fulfilled, there can be, I assert fearlessly, no more danger to the uterine tissues from the head coming through in the grasp of the forceps than in passing without them. When, then, the os uteri is sufficiently dilated to allow the introduction of the blades, they may be carefully applied, and during each uterine contraction the head may be drawn down gently, and with as little compression as may be required to keep the blades in place. We have then nature's own dilator, supplemented by art simply for the increase of its powers, without any change in the method of action, no new plan of operation being introduced.

There remains one other method of opening the os in passive rigidity of which I wish to speak, viz., *incision*. This method has its strong advocates and its firm opponents. Its immediate advantage is clear: you have a fœtal mass to pass through an unyielding ring; you divide with the bistoury or the scissors this ring, and the fœtal body, if there be no other impediment, easily glides through. But is this the only side of the picture? Dr. Barnes says the knife, judiciously employed, can do no harm. His advocacy of its use is supported by a great array of names which I need not mention. To me it is an operation justifiable only under extremely rare conditions, which, so far, I have never met. Dr. Hodge tells us that in forty years' experience he has never seen the necessity of incising the os in labor, although generously, in deference to the opinions of others, he admits that such cases might possibly occur. We all of us must know, from observation, what an immense distending force a canal in the human body may be safely subjected to, and how it will gradually yield before that force, if not too violent, as illustrated in the opening of the perineum, where we find that a firm and rigid canal, at the onset of labor not dilatable to the extent of an inch and a half in diameter, will open under the gradual pressure of the child's head, guarded carefully to prevent too rapid and violent distention, and the head, measuring four inches in diameter, slides over the fourchette without an injury to the skin. But let a little laceration occur, if it be but the slightest appreciable loss of continuity, and the next expulsive pain will tear it through to the sphincter, in spite of all effort to the contrary. The elastic tissue in the human body will bear an immense strain without loss of integrity of its surface, but when that once gives way, we have absolutely no control over the extension of the rent, short of the full size of the passing

body; and instead of a stretching of the rim of the canal, we have a tearing of the adjacent tissues. Now, this principle, so easily illustrated in the perineum, holds with still more force in the case of the os uteri. Firm and rigid as it may be, it will gradually yield before the distending force, until the great mass of the fœtal head passes safely through it; but if we make an incision, first, into the rigid tissue, the distensibility and elasticity of tissue is nothing; it is valueless; the incision, if not large enough to allow the head to pass completely at one pain, will be extended into the adjacent tissues of the uterine wall, and where they will stop no one knows. If many cases have done well, the accoucheurs in charge may truly be congratulated. But it may be said this is the isolated view of a man who cannot support his theoretical fears by clinical experience in such results. I heartily hope I may never have the opportunity to verify them at the bedside. But if my fears are unfounded in experience, others of vastly higher pretensions than myself have had the same views. Dr. Hodge expresses his fears of rupture extending to the uterus. Madame La Chapelle deprecates strongly such procedure. Baudelocque brands it as the conception of an instant of phrensy to propose it. Dubois speaks of it as useless in a thickened condition of the cervix, the passage being no more easy than if it had not been done. He also cautions against the danger of hemorrhage, and of extension of the cut into the body of the uterus. Chailly Honorè considers it only justifiable in thin contracted os, on account of the danger of extension, and says it should never be carried beyond the internal os; he records one case of vesico-vaginal fistula resulting from it, and one death from uncontrollable hemorrhage. Other authorities equally strong could be quoted, but time does not permit. If the patient escapes these accidents, other results may follow, equally to be deprecated. We have in the incised tissue open surfaces for the absorption of septic fluids, even more probably than with the sponge tents as before mentioned. This may not be so serious a danger with our present antiseptic resources, but it is of some weight. An almost certain result of these incisions is the presence in the cervix of cicatricial tissue, as union by first intention is greatly improbable, and union by granulation seems to produce cicatrices. The importance of these cicatrices as an element in the painful uterine affections, has been clearly and forcibly taught us by Dr. Emmett, and when we know that a fissure of the cervix is seen to be attended with prolonged painful disease of that organ, we should hesitate about an operation which will be likely to produce it. But we are told by Barnes and Playfair, and some others, that there are certain conditions in which it is absolutely necessary. That in long-continued rigidity, when there is danger of sloughing of the tissues it is necessary. Now we know that nature provides against sloughing by the intermittency of the contraction of the uterus; we know that in contracted pelves the tissues of the cervix will bear a vice-like pressure between the head of the fœtus and the pelvic brim for days together, without any symptom, after delivery, of the slightest contusion of the cervix. In occlusion, we are told that it is necessary to incise; now I would certainly limit this necessity to cases of cicatricial obliteration of the neck; for, inasmuch as the os must have been open for the entrance of the spermatic fluid, nothing but some traumatic inflammatory action, developed during pregnancy, could produce absolute closure of the os at the time of labor. I recently had an opportunity to see a case illustrating the condition of apparently complete occlusion.

March 31st, 1876. I was called by Dr. K. to see Mrs. E., twenty years of age, primipara, robust and vigorous in previous health, no uterine disease or injury of any kind known; had been in labor about thirty-six hours, the last twelve of which had been attended with severe pain. There had been no watery or sanguineous discharge. The patient was becoming exhausted. Dr. K., after repeated examination, was unable to discover any trace of a cervix or os uteri. Upon examination per vaginam, I found the roof of the pelvis completely occupied with a spherical mass, dipping well down into the brim, of smooth, uniform surface, without an irregularity, or prominence, from the pubes to the sacral promontory, which was reached by the exploring hand, with some effort. Not a trace was to be found of either os or cervix. The walls of the uterine globe had been subjected to such powerful distending force that they were thinned out sufficiently to recognize the sagittal suture lying in the right oblique diameter. After my patience was almost exhausted in the effort to find the point of

occlusion, I thought I perceived, about two-thirds of the way from the pubes to the sacrum, a slight variation of the surface, not larger than the end of a probe, giving about the same sense of depression as the os externum in the extremity of a conoidal virgin cervix, but without the least elevation of tissue around it to mark a uterine neck. Keeping my finger upon it I carried a womb-sound, which I had in my pocket, along it, and was gratified by finding it enter the orifice; I then sent for a uterine dilator (Wilson's) from my carriage, and carrying the slender point into the orifice, I separated the blades gradually, the orifice yielding until it was large enough to permit the introduction of one finger; traction by this, during the pains, soon enlarged it for the passage of another finger, and ultimately the dilatation was completed, the membranes ruptured, and the head entered the brim. The patient was so exhausted by her prolonged effort, that she was unable to complete the delivery unaided. Dr. K. applied forceps, and she was successfully delivered of a still child. Convalescence normal.

Here was an extreme case of apparent occlusion; the temptation to incise was great. How often might a little exercise of patience, in like manner, save the patient from the risk of cutting. I do not wish to indulge in any extravagant tirade against the operation in the hands of a conscientious practitioner of experience and judgment; but I wish to impress upon the young obstetrician the great risk of such a method of relief, its probable ill effects afterward if successful at the time, and the exceeding rarity of its need; and to record my protest against the loose and dangerous teaching which would seem to justify it as an easy and harmless every-day resort in tedious labor.

(*To be Continued.*)

A CASE OF TRAUMATIC TETANUS IN A YOUNG CHILD, WITH TREATMENT AND RECOVERY.

Read before the Central Medical Association of New York, at its annual meeting in May, 1877, in the city of Syracuse.

BY H. N. BURR, M.D.,

Of Wolworth, N. Y.

The following case is one of unusual interest to the profession, and for that reason I think it important that it should be published, for their benefit. The treatment I think is entirely novel, and under unfavorable results might be severely criticised by some of the profession. I was called on the morning of October 8th, 1873, to see Charles Laurence, a bright active little boy, aged two years and nine months, who had been well up to this time, with the exception of occasional attacks of spasmodic croup, which had never continued but a short time. During the night of the seventh, he had been taken with a high fever and great restlessness; there was a jerking of the arms and legs, and also of the muscles of the body; and when asleep would start up with a jump and moan, as if in pain. When moved during the night it gave him pain; the head was hot, red, and swollen, and tender to touch. A scar on the forehead had taken on a red and angry appearance, and radiating from it in different directions were deep red lines, which passed to the top of the forehead, and were lost in the hair; to account for the scar, I was told he had been bitten by the house dog eight days before, while he was teasing him; it bled profusely, but healed readily, leaving a scar that continued to look red up to this time. His condition when I saw him, on the morning of the 8th, was as follows: High fever, with the surface hot and dry; very nervous and irritable, and complains of being hurt when he is moved, as though the muscles were sore. He starts up with a cry every few minutes; the head is hot, with the part about the scar red and swollen. When he is moved he acts as if his back was stiff and sore. His breathing short and quick; the pulse full and very rapid, as much as 150, and even more, to the minute. There was a jerking of the muscles of the face, and of the arms and legs. When undisturbed for a few moments he would be quiet and then start up with a jump that would raise him from his bed or his mother's lap. His eyes were bright, with the pupils about natural; he kept them closed unless he was disturbed. The temperature, I regret very much not to have taken, as in the study of the case I find it quite an important feature; some time during the night his mother had given him a dose of castor oil, which had not operated when I saw him. I ordered an injection of warm water to assist its action. I prescribed tincture of aconite root, in drop doses every hour, to reduce the pulse and subdue the dry hot surface, and,

℞. Pulv. doveri., grs.iij
Potass. nitrat., grs.ij.

every three hours, with a cloth wet in cold water to his head.

On leaving him, I gave his parents to understand that something serious would probably supervene. I saw him about eight in the morning. The injection was given, and his bowels moved freely, from its effects. At dinner he asked for soup, of which he ate some, but did not retain it but a short time, when it was vomited. Soon after this he became convulsed with a spasm of the arms and legs, and the whole body became stiff, and he sank into a deep sleep, from which he could not be aroused. He was, by his parents, put into a warm bath, which relaxed the muscles a little. His jaws were set and they could not get him to swallow the least thing. When they found their efforts were of no avail, I was sent for, and saw him not far from 1 P. M. I found him lying in his crib, breathing with a slow and labored effort, with a rattle in his throat. In trying to get some liquid in his mouth I found the jaws were set, and after prying them open no effort would be made to swallow. The legs and arms were stiff, and the hands were closed. Pulse full, strong, and bounding, the skin very hot but moist; the eyes were closed, but when opened the pupils were dilated very wide and sensitive to the light. His head was hot and the scar very red. Judging, from his breathing, and the rattle in his throat, that death was fast approaching, I concluded nothing could be done for him, and that he must die.

After a few moments' reflection I thought of using cold water showered on his head. This was done to relieve the anxiety of his parents, and to have the appearance of doing something. I first gave him an injection of warm salt and water, with turpentine, to divert the blood from the head. I then took him out of the crib, with his vital powers sinking, and commenced to pour cold water on his head. This I felt was my only hope, as he was unable to swallow the least thing, and there was the rattle which I had heard in several instances where patients had died from apoplexy. His head was held over a pail, and with a pitcher that would hold a quart I commenced pouring cold water, right from the well, in a small stream on the back of his head, letting it fall a little more than one foot. This was continued for three hours, with an occasional intermission of a few minutes at a time, when he sank into an easy slumber, and in a short time awoke, and was in his right mind. In connection with the cold water we used mustard to the back of the neck and soles of the feet. During the first half-hour there was but very little change in his condition, the water not seeming to be noticed. At the end of that time there was a change in his breathing, which became easier and more natural. The rattling had entirely subsided, which showed there was relief to the pneumogastric nerve. This change was apparent to all who observed him, but it was the only change until three quarters of an hour had passed, when he moaned and opened his eyes for the first time. The eyes were dilated and extremely sensitive to the light. Soon after his breathing improved and he moaned, the rigidity of his muscles gave way, and we could get his mouth open sufficient to introduce anything into his mouth. The effort to swallow was terrible, and gave me the impression that he was choking. He would open his eyes, which were glaring and glassy, and raise himself almost from the pillow in his struggle to swallow, and I did not give more than half a teaspoonful at one time. I did not persist in giving him medicine by the mouth until I had used more water. If left for a few minutes without the water being poured on his head, he would sink away into the deep sleep, from which nothing would arouse him but the cold water poured on his head. As soon as I thought it safe to do so, I gave him a dose of morph. sulph., $\frac{1}{4}$ gr.; camph. pulv., 2 grs.; this I gave to get the effect of the morphine in contracting the pupil. At times he would moan, and cry out, and try to move, but took no notice of any one or anything, except the cold water, and not even that until it had been continued for some time without interruption, except long enough to replenish the pitcher. During the first hour there was not much improvement, except in the breathing and muscular relaxation, and during this time the water had been faithfully applied. A larger pitcher was now procured, and its contents could be poured in a small stream entirely on his head with no expression from him except to moan when the pitcher was nearly empty. The pitcher would be again filled and continued until he would come partially to his senses, when we could see by his actions that the intense cold was distressing him, when we would stop until he sank again to sleep. In an hour and a half I gave him another dose of the

morphia and camphor, as the pupils were very largely dilated. It was about 4 P.M. when he sank into his natural sleep, and about five awoke, and knew his parents and all about him. I gave him $\frac{1}{16}$ grain morphia every four hours, to keep him quiet, and drop doses of the aconite as often as every hour, if it was required, to keep the fever down and also to keep him perspiring freely, and in case his skin became hot and dry to increase the amount. Bromide of potassium, five grains every two hours, to allay the jerking of the muscles of the arms and legs. He passed a quiet night, with some flashes of fever and jerking of the muscles.

9th. Saw him this morning, and found the pupils were not so largely dilated as yesterday; pulse not so strong nor so frequent, and not much fever. There is some jerking of the muscles, and starting up in his sleep, with a sharp irritable cry; also complains of its hurting his back when moved. The scalp swollen and red, with the angry look about the scar. The urine is not high-colored. I had the scar painted with a solution of veratrum viride and glycerine. Ordered mustard to the back and feet, and continued the morphia and camphor, bromide potassium and aconite, renewing my instructions to keep him moist.

10th. This morning he is very much improved from yesterday, being bright and cheerful, with some of the nerve symptoms present, while the jerking was all gone. I discontinued all medicines except the bromide of potassium. I saw him again on the 11th, and could see no signs of the fearful disease about him, while the swelling and redness about the scalp had subsided and the scar had a more healthy look.

He continued well until the 30th, when his father called on me and said the boy was not so well as he had been, but was extremely nervous and irritable, with jerkings of the arms and legs, and jumping when he went to sleep. He was very much afraid the convulsion would return. The scar where he had been bitten was red and swollen, with some streaks running from it, and his head was hot. I gave him morphine and bromide of potassium, and ordered cold water to his head. Under the use of these medicines his symptoms subsided, and in a day or two he was well. There was a number of times during the year when he would get very nervous and irritable, but at no time did he ever have spasms. The boy is now living, a bright, active little fellow. The dog was killed a few weeks after, but was not rabid; it had been growing cross toward the little boy for two or three weeks before he was bitten. Had the boy died, most people would have said it was from hydrophobia, but since he got well, that cannot be, and I must conclude I had a case of tetanus. I think now, but for the persistent use of the cold water he would have died, and I may attribute my success in this case to its use.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC OF THOMAS M. MARKOE, M.D., PROFESSOR OF SURGERY, MAY 28TH, 1877.

Reported Expressly for the Medical and Surgical Reporter.

Cicatrix after Removal of Fatty Tumor.

This is the patient, gentlemen, from whose breast we removed the fatty tumor one week ago to-day, and we want to see how the case has behaved. The woman says she has been perfectly comfortable, except that at one time she felt a little gnawing pain. It was ascertained that this was due to the presence of a small quantity of blood in the edge of the wound, which had begun to decompose, and after this was evacuated the case did perfectly well. It must be kept quite still for another week, in order to secure the best cicatrization.

Caries of Cervical Vertebræ, with Abscess.

What is the story of this child? You see its peculiar attitude, which it never varies. The occiput is thrown back; the chin elevated; and the head deflected to the right. You observe also that the movements of the head are very much restrained in every direction; and when a closer examination is made, a tumor of considerable size is discovered, just inferior to the sterno-cleido-mastoid muscle. It is about opposite, and extending a little above, the larynx. It is, perhaps, an inch and a half in diameter; circular in outline; rather flat; and characterized by a slight degree of pulsation. The latter is evidently communicated, because we find the carotid artery is pushed to one side by it. This circumstance is of diagnostic value; for if it were an enlarged gland, the artery would not be thus disturbed. Whatever it is, therefore, it must be on the same level with the artery; that is, lying upon, or very near, the vertebral column. That it is very deep-seated, and affects the larynx to a certain extent, we also infer from the fact that the breathing is somewhat interfered with.

Now what might there be in this position? For one thing, we have tumors growing from the spinal column; but these are infinitely rare

in children of this age (four years). These may be fibrous, myomatous, cancerous, etc.; but I never heard of any of them at this time of life. But what is its general character? Evidently it contains fluid; and we can at once conclude, therefore, that it is cystic or an abscess. Again, cystic tumors in this position are exceedingly rare in children; and we come to the conclusion, then, that it is an abscess. Abscesses frequently resemble various forms of tumors, and in 99 cases out of 100 when they are in this position they are due to caries of the cervical vertebræ.

Now do the symptoms of the case correspond with this diagnosis? Yes. We have already noticed the constrained position of the head, which is due to the fact that she instinctively throws it back, in order to remove the weight as much as possible from the diseased bodies. It is worth your while to put your hand back of the neck and notice the rigid condition of the muscles. I know of nothing else producing this characteristic attitude, except sudden contusions, occasionally. In these cases, however, it passes off very soon. Every motion of this child is in accordance with the leading idea of keeping the weight off the bodies of the vertebræ. The great indication, therefore, is to support the head by a properly constructed apparatus. The abscess should be left alone, as it would be very injurious to open it now. If, later, its walls grow thin and it should point, it may be evacuated by aspiration or by means of a valvular opening.

Infantile Hernia.

This paroxysm of crying, in which the infant whom I now bring before you is indulging, is just what we want. You notice a tumor in the left hypogastric region. On examination it is found to be in the inguinal tract, and that pressure removes the tumor entirely. The diagnosis is, therefore, very simple, but the case is especially interesting because the hernia (which there can be no doubt that it is) is still in the inguinal canal, not having, as yet, got beyond the external abdominal ring. It is in this class of cases that a perfect cure can almost invariably be obtained by the use of a well-adapted truss.

Whitlow.

Here are two men with swollen and painful fingers, which illustrate the two varieties of a very common affection, whitlow. The two kinds are the superficial, and the deep or bone felon. The first is not really whitlow at all, and ought not to be regarded as such, since it is simply a kind of vesication. The best treatment for it is to keep black-wash applied to it, with a covering of oiled silk, a week sufficing for its cure. True whitlow is a much more serious matter, involving all the tissues down to the bone. There is a right way and a wrong way of treating it, and the right way is to go straight to the bone with your knife, and then you know where you are. So I tell our friend here, who has been suffering so much, and in order to make the incision properly, I direct him to place his hand on the table, where it can be held perfectly steady by my assistant.

Abscess of Neck.

This man is in good health, with the exception of an abscess beneath the inferior maxillary bone, which has now continued for some time. This has been evacuated, and absorption is gradually going on, but in order to hasten this it will be necessary to blister the surface thoroughly with nitrate of silver. The blister thus caused is apt to be very painful, but the application of the nitrate of silver in such cases is more beneficial than anything else that I know of. You see that I first wet the surface with a sponge, and then apply the solid stick carefully in every part of it. If this should be repeated once a week for a little while, it would probably remove all suppuration entirely in a short time.

Ingrowing Toe Nail (So-called).

What is commonly denominated ingrowing toe nail, is in reality, nothing of the kind. In these cases you will find that the nail is all right. What then is the matter? The young woman now before you presents a very useful case, because it affords an example of an affection which is so common; and I take more interest in explaining cases of this kind than in the most elaborate and difficult operation, because you are liable to meet them every day in your practice. This matter of so-called ingrowing toe nail, I am sorry to say is, as a rule, entirely misunderstood, and improperly treated. The nail grows into the matrix, which is simply an involution of the skin, and a continuation of the periosteum; and a portion of the nail lying in the groove of the matrix is smooth and rounded, and terminates in layers of epidermis. Through these layers a part of the nutrition of the nail goes on.

Here is an instance in which the tissues have become swollen and highly inflamed, and protrude over the nail. What is the explanation of this state of affairs? A tight boot has been worn, which presses the matrix forcibly against the nail. This occasions tenderness, and in order to relieve it, the edge of the nail is cut. This procedure results in the formation of granulations, and now the nail begins to plunge right into these granulations. Then the scissors are inserted, notwithstanding the severe pain thus occasioned, and more of the nail cut away. A fatal mistake. The surface becomes ulcerated and granulating, because, instead of the normal bulbous extremity of the nail, you now have a sharp, ragged edge pressing into the inflamed tissues. It is rough, harsh and irritating, instead of being smooth and rounded. If you have ever compared the beautiful and symmetrical sting of a bee with the rough and uneven point of even the finest cambric needle, under the microscope, you will understand exactly the difference to which I

refer. The needle seems as clumsy as a crowbar.

Now, as to the treatment. Our friend here must wear a loose shoe, in the first place. This is a *sine qua non*. Then the maltreated nail must be allowed to grow and regain its proper shape. While this is going on she will suffer considerable pain, but this will be her penance for having done wrong. By the end of six months the nail will probably have regained its normal outline. If much inflammatory action should continue while this is going on a slippery elm poultice may be applied from time to time. When the granulations become exuberant, a little pinch of dried alum will be found to be very effective in reducing them. Some persons suffering from this affection find great relief in the daily use of the alum. The chances are, however, that our patient will become dissatisfied in waiting so long for a cure to result, and that she will once more resort to the fatal scissors, but we can at least give her fair warning of the long course of suffering which by so doing she will bring upon herself.

Editorial Department.

Periscope.

On the Peristaltic Action of the Intestines.

M. Jules Guerin contributed an interesting communication to the Academy of Science, on this subject, at one of its sittings.

From observation and experience he concludes—

1st. That the matter contained in the intestine moves not only from the *a tergo* action resulting from simple circular contraction of the muscular membrane, but from a double action, propulsive and aspiratory, caused by contraction of the circular and longitudinal planes of the intestine.

2d. In virtue of this double contraction, distributed over the continuous parts of the intestine, one of them, the superior portion, circularly narrowed, forces its contents toward the inferior portion, which, shortened by the contraction of its longitudinal fibres, meets it, receives the contents, and draws them on, by virtue of a kind of aspiration.

3d. This double movement of propulsion and aspiration is reproduced at each separated point of the intestine, by means of the *valvulæ conniventes*, the borders of which, placed in contact by the circular contraction, form an obstacle to the retrograde movement of the matter.

This physiological conception is not the result of simple induction drawn from the anatomy of the intestine, but is based on observation and direct experiment. Applying this physiological datum to the stagnation of typhic matter in the inferior part of the small intestine, we can understand how this portion, rendered inert by the stupefying action of the toxic agent is deprived of its contractile power, whilst the large intestine is filled by a certain quantity of old fecal matter, so that the double action of propulsion and aspiration cannot be carried on.

The ilio-cæcal valve, obstructed on both sides, only allows the passage of the liquid matter accumulated at the end of the small intestine; hence, the special liquid diarrhœa during the first days of the disease, and the evacuation of old solid matter at the end of the malady.

Unilateral Hallucinations of Hearing.

Dr. Alexander Robertson, of Glasgow, gives this case in the *British Medical Journal*:—

J. W., aged thirty-seven, states that, as a lad, he consorted with thieves; but he denies having been of drunken habits, though this may well be doubted. About nine years since he was sentenced to imprisonment for fifteen months, on account of theft. After about a year of solitary confinement, he began to hear "voices" which cried in to him at the door of the cell, when it was shut as well as when it was open. Sometimes the voice seemed that of a man; at other times, that of a woman. Ever since then, to use his own expression, they have "terribly plagued" him. They would tell him "not to be ashamed to steal or beg;" they have told him to take away his own life. He had hitherto been able to resist the temptation or order. They have always been in the right ear, "never in the left." He has often been in doubt whether to regard these voices as real or imaginary, but at present he speaks of them as fancies. Without being asked the question, he remarked that he had often put cotton into the ear, which would frequently almost, but not altogether, put the voice away at the time; but it might come back as loud as ever, even though the cotton was still in the ear. His hearing was carefully tested, but no defect was found in either ear; nor had he pain or other abnormal sensation in them.

He also suffers from hallucinations of vision. "I imagine," he said, "I see figures of little men and women, particularly with the right eye." He can see them when the eyes are shut. The other senses are not involved.

He is quiet and dull in disposition. His general health and condition are good.

One-sided hallucinations are in mind the analogues of unilateral convulsions or hyperæsthesia. In the latter cases, through morbid action, the centres for motion or sensation, or a part of them, proportionate to the amount of the side involved, would seem to be called into excessive exercise; so, in the former, the highest centre for hearing on one side, which is probably opposite to that on which the imaginary voice is heard, is apparently specially implicated. And, to quote from a previous paper of mine on this subject, "just as the partial may merge into the general convulsive seizure, or as the limited disorder of sensory function, such as is seen in a severe neuralgia, may, though more rarely, be diffused in various directions along sensory nerves, so may the sensorial disturbance evinced by an illusion, or the psycho-sensorial disorder manifested by hallucinations, become generalized, involving the mental powers in varying degrees in different cases." In this primarily unilateral aspect, the correspondence between the physical and the mental seems complete. So may we consider it to be with the location of the lesions on which the respective symptoms depend. In the case of a hemi-chorea, we turn to the corpus striatum as the probable centre involved. In an epileptic seizure beginning by one-sided convulsions, and with retention of consciousness at its commencement, we now look rather to the surface of the brain, and particularly to the convolutions bounding the fissure of Rolando, as at least the immediate, and often, I believe, the sole, focus of irritation in such cases. Where there is a hemi-hyperæsthesia of cerebral origin, we consider it likely that the thalamus opticus, or its neighborhood, has suffered. In like manner, when a voice is projected outward and is always referred to one ear, we seem equally warranted in locating the centre of morbid action in some point of the opposite hemisphere; this point being the superior temporo-sphenoidal convolution, should Ferrier be correct in his conclusion as to the seat of the auditory centre.

What has been said respecting hearing is doubtless true, *mutatis mutandis*, of the other senses; but, in my experience, unilateral hallucinations of them are far less common.

Can Small-pox Come From Chicken-pox?

Before the Clinical Society, of London, Dr. Farquharson read a case on this question. Referring to the identity formerly believed to exist between variola and varicella, and to the labors of Heberden in apparently disproving this, the author drew attention to the opinion of Hebra, that no essential difference existed, and that, under favorable conditions, a severe epidemic of the major might arise from the infection of the minor disease. In illustration of this, he brought forward some cases recently under his observation in the Belgrave Hospital for Children. Three mild cases of varicella occurred in surgical patients there during the month of May; and after the regular period of incubation a fourth made its appearance, so much more severe in type as to give rise to a suspicion of small-pox. But this view was negatived, on the ground of the source of infection from a varicella patient in the next bed, the character of the eruption, and the perfect success of a primary vaccination, which became developed whilst the pustules were fully matured on the skin. About three weeks later, the nurse in attendance on this patient was seized with vomiting, pain in the back and chest, violent febrile symptoms, and a rubeoloid rash, on which the true variolous eruption subsequently became developed. The case was removed to St. Thomas' Hospital, and ran a very severe course, the secondary fever being strongly pronounced, and all the symptoms being those of the disease in an unmodified form. The question naturally arose, whether a direct line of infectious sequence could be traced between this and the fourth case of varicella; and although absolute proof was, of course, impossible, circumstantial evidence pointed strongly in this direction, for the following reasons. 1. The wards were at this time closed to visitors, and the chances of accidental outside infection were thus materially lessened. 2. The nurse's own absences from the hospital were, for the same reason, much limited, and probably stopped. 3. The nurse herself was thoroughly convinced that she had derived the source of the illness from the little patient, whom she had faithfully tended for so many days. And, granting the integrity of this chain of evidence, the conclusion seemed undoubted that one must allow that Hebra's teaching might be right after all, and small-pox might actually breed itself, under duly favorable conditions of soil and atmosphere, from chicken-pox.

Dr. Murchison thought the non-identity of varicella and variola had been fully settled forty years ago, by Dr. Gregory's observations at the Small-pox Hospital. The crucial test was, that cases of varicella, mistaken for variola and sent to the hospital, took variola from going there. Cases of varicella could be easily vaccinated, and three of Dr. Farquharson's cases had been vaccinated before having varicella. The case of the nurse was one of small-pox; but whether the illness of the child who had been last ill was one of modified small-pox, he had not quite gathered from the description. In practice, one ought to be able to distinguish varicella from modified variola. But even if all the children had varicella, and the nurse true variola, the evidence did not seem sufficient to show that she had taken it from either of them. He (Dr. Murchison) had seen cases of scarlet fever and of typhoid both come from the same house. Moreover, seeing that the small-pox poison was so widely diffused at present in London, it was difficult, perhaps, to say exactly how she caught her illness.

But she was not even kept at home; though, had she been, she might have contracted the disease from outside the hospital.

Retroflexion of the Virgin Uterus.

The following instructive case is given by Dr. E. Holland, in the *British Medical Journal*:—

E. M., aged 14, of scanty frame, with puberty advancing normally, and whose last menstruation had been somewhat profuse and attended with severe vomiting, failed, with symptoms very like the decided invasion of typhoid fever, about a week after the cessation of the flux. There were sharp pyrexia, dry brown tongue, frontal headache, and general abdominal tenderness. With these, however, there was pain of a peculiar character, severe, crampy, paroxysmal, and circumpelvic, and there was also "cutting" micturition. Poppy fomentations were ordered, with small doses of opium and acetate of ammonia; but the pain continued and was exaggerated. The mother observed that the pains were like those of labor, and came on every twenty minutes, doubling her up and occasioning wild cries of distress. At this stage, a vaginal examination disclosed retroflexion of the uterus, the retroflexed portion being hot and extremely tender; and restitution was at once effected by the sound. The paroxysmal pain did not again recur, and the next day found our patient cheerful, happy, and well

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On Membranous Dysmenorrhœa.

At a late reunion of the Obstetrical Society of London, Dr. John Williams read a paper on the "Pathology and Treatment of Membranous Dysmenorrhœa." The paper consisted of a narrative of fourteen cases of the affection (twelve of which had come under the author's own observation), a microscopical description of the membranes expelled, the method of treatment adopted in the cases, and conclusions drawn from the above data as to the nature of the affection and its treatment. It was maintained that in the study of the pathology of membranous dysmenorrhœa regard must be had to four things; 1, the history of the patient; 2, the structure of the product expelled; 3, the state of the uterus; and 4, the normal process of menstruation. The theories advanced respecting the pathology of the affection were briefly noticed. The post-mortem appearances met with in the uteri of two women suffering from the disorder were described, and the paper ended with the following conclusions:—1. The dysmenorrhœal membrane is not the product of conception, but the decidua ordinarily shed as débris with every menstrual epoch. 2. It is expelled as a whole, or in masses, in consequence of an excess of fibrous tissue in the wall of the uterus; this excess is due to imperfect evolution at puberty, imperfect involution after parturition or abortion, or is the product of acute inflammation. 3. The membrane is neither the result of an ovarian congestion nor of a hypertrophy of the ordinary decidua. 4. The chronic inflammation present is the result of the monthly expulsion of the decidua in masses from the uterus, and plays an accidental part only in the formation of the membrane; the inflammation may, however, be independent of the expulsion of the membrane, but it has no causal relation to the formation of the latter. 5. Sterility is not necessarily associated with the affection, but is the result of the condition induced by the expulsion of the membranes in masses from the uterus, inflammation of the uterus and ovaries. 6. The membrane may be expelled without pain. 7. Inflammation of the uterus greatly aggravates the suffering caused by the passages of the membrane along the cervical canal. 8. Great relief may be obtained by curing the inflammation of the cervix, though the membrane continues to be expelled every month. 9. In order to effect a cure, the structure of the whole of the body of the uterus must be altered; the excess of fibrous tissue must be removed.

A Fatal Case of Syphilis.

The following case illustrates the ravages of this disease upon the innocent. It was reported to the Clinical Society of London in May, by Dr. Dowse:—

A young girl, aged 9, was admitted into the Central London Sick Asylum, at Highgate, on January 12th, 1875. There was no history of congenital syphilis, excepting that the mother had eight miscarriages, and no objective signs beyond an irregular and notched condition of the incisor teeth of the upper jaw. There was no interstitial keratitis, no pigmentary change of the choroid, nor optic neuritis. According to the mother's statement, her daughter was born without a blemish, and grew up to be a strong, healthy girl, until the month of July, 1873. At this time she was living neighbor to a family who were known to be syphilized, and she took an especial fondness for one of these children (an infant), who, in addition to other sores about the body, was suffering from mucous tubercles around the anus. She was constantly nursing this child, and, neglecting a scratch upon the flexor surface of the right forearm (upon which she carried the child), she soon found it to become very painful, and shortly an open wound, with indurated edges, was formed. The lymphatics became affected, and the axillary glands enlarged. The precise period of incubation was unknown. From a fine healthy girl she became rapidly emaciated, complained of aching pains all over the body, followed by the train of signs and symptoms which were fully delineated in Dr. Dowse's remarks, and in the photographs which were exhibited. He stated that there was considerable destruction of the alæ of the nose;

and that the ulceration extended to the pharynx, larynx, and, as was found at the post-mortem examination, to the trachea and larger bronchi. So severe was the ulceration of the throat and pharynx, that swallowing was at times almost impossible. The eruption upon the skin first made its appearance as a lenticular syphilide, which rapidly ulcerated, giving rise to a fetid discharge, and crusts resembling a modified rupia. The chest, abdomen, flexor surfaces of the arms and thighs, were comparatively little, if at all, affected; but the head, the nose, the angles of the mouth, the extensor surfaces of the extremities, and the back, were covered. The rapidity of change from the destructive to the reparative process was a marked feature in the case. Dr. Dowse said that he could scarcely pass to its pathology without making some few remarks upon the treatment, and here he considered that he failed most unfortunately, for the reason that nature was doing battle most manfully. Upon several occasions, he thought her cured; but the disease again recurred with greater severity. He tried every remedy; but mercurial inunctions proved more beneficial than increasing doses of iodide of potassium.

Resection of the Knee Joint.

At a late meeting of German surgeons, Professor König, of Göttingen, discussed the subject of Resection of the Knee Joint, especially the importance of radically removing with the knife every vestige of the synovial membrane above the patella. Scraping is insufficient, and he has lately employed transverse division of the quadriceps tendon above the patella, total resection of the synovial pocket and patella, with consecutive antiseptic compression of the flap, as practiced by Volkmann; and by this proceeding he obtains primary union of the flap to the front of the femur. He advises the H incision, and a splint of his own, almost identical with that described by Mr. Barwell, in a recent number of the *British Medical Journal*. Plaster of paris splints he has abandoned in this operation. Volkmann, of Halle, followed him in the discussion. In a child ten years old, with most extensive disease, he got complete cicatrization in three weeks. The disadvantages of the operation are chiefly two—early mortality and the length of time required for cure. The former is obviated by antiseptics (in twenty one cases he has had only one death in the last three years, and that from meningeal tuberculosis, and two required secondary amputation), under which he has in one case had cicatrization in sixteen days. He uses the horse-shoe incision, dissects the flap up superficially to the patella, and fixes the bones by two catgut sutures. Billroth, of Vienna, *apropos* of the question, has had to abandon a plan he formerly recommended, of cutting through the soft bones with the amputating knife, as he found that the contusion of the bone thus produced did more harm than if a fine saw had been employed.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Wendell A. Anderson, of La Crosse, Wisconsin, has devised a "Self-copying Prescription Book," which will commend itself "on sight," to every physician who wishes to keep a copy of his prescriptions without any extra labor whatever, and at a merely nominal cost. The principle upon which it is used is exceedingly simple, not requiring any copying ink, nor any other writing apparatus than an ordinary lead pencil. We have never seen any plan better adapted for the purpose.

——"The Mortality of Surgical Operations in the Upper Lake States Compared with that of Other Regions." By Edmund Andrews, A.M., M.D., Professor of Principles and Practice of Surgery in the Chicago Medical College, assisted by Thos. B. Lacy, M. D., Assistant Surgeon in the National Soldiers' Home.

A monograph of 123 pp., a reprint from the Chicago *Medical Journal and Examiner*. The author has taken up each important surgical operation as performed in the Lake States, and compared the same operation as performed in the United States, as well as abroad. It shows that lithotomy is more dangerous in the Lake regions, and many of the major operations less dangerous, than in other localities. A very interesting and valuable thesis, and reflects great credit upon the gentlemen.

——A very fine chromo-lithograph of the Eucalyptus Globulus, is issued with the July, 16th number of "*New Remedies*," just received.

Received—

"Syphilitic Phthisis." A paper read before the Missouri State Medical Association, by Wm. Porter, M.D., St. Louis. A reprint from "Transactions."

Transactions of the Medical Faculty of the District of Columbia, July, 1877.

Papers by Burt G. Wilder, M.D. 1. On the Brains of some Fish-like Vertebrates. 2. On the Serrated Appendages of the Throat of Amia. 3. On the Tail of Amia.

"Hydro-therapeutics." A paper read before the Academy of Medicine, Cincinnati, Ohio, November 12th, 1876, by Dr. H. Illony.

THE

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THE PROBLEM OF THE DIMINUTION OF FAMILIES.

The progressive diminution of the family has been made a subject of close study by European statisticians, and by some in America. In Europe the annual births vary from twenty-seven per thousand of the population in France, which is the lowest, to fifty-one per thousand in Russia, which is the highest. Why this vast difference? Is it owing to some natural law of race, some social law of productive labor and nutrition, or to deliberate purpose in avoiding offspring?

In this country the problem is yet more striking. In the old colonial States the fertility of American born couples is markedly less than that of foreign born couples. In Vermont American born parents have but twenty-six children per thousand annually, which is even less than in France; while foreign born parents have sixty-five per thousand annually, which is much more than in Russia (*Vermont Registration Report*, 1872). In all the old States a similar, though not so great, a disproportion is seen. Here the climatic conditions are the same, and facilities of nutrition are open alike. How explain the vast discrepancy?

Confining our study more particularly to the United States, we would first note that many observations go to prove that emigrants are usually more productive than their neighbors who remained at home; providing the emigration is to an equally fertile country, the change of climate favors an exuberant reproduction. The Canadian *habitans*, the Irish in this country, the Germans here, have larger families than their relatives in the old country. As time progresses this unusual fertility diminishes.

The social position modifies materially the size of the family. As a rule, the development of the intellectual faculties lessens the attractions of the sensual passions; a sensitive and delicate nervous system renders a woman less able to bear numerous children; the exhaustion of the strife of wits in the complicated business of modern life renders the man less attentive to his reproductive powers; the physiological aptitude for procreation is diminished in both sexes.

But, allowing due weight to these natural laws, there is no doubt but that economical considerations are a leading, if not the main, cause of the diminished families of American-born parents. As man increases in civilization his wants increase. He wishes for his children a more complete education than he himself has received; he desires for them books, pictures, society, travel, leisure to think, study, and improve their minds. Then, too, he feels higher duties are open to himself than that of begetting babies and getting them bread; the love he bears his wife is not that sensual lust which wants a woman wherewith to gratify itself, but a holier fire which longs to elevate the partner of his life, and which dictates to him that this he can never do if she is to spend her best days in "suckling fools, and chronicling small beer." Therefore, for her sake, for his own sake, and

for the sake of his posterity, he decides that it is better to have a few children, and to care for them, and to educate them well, than to have a whole litter who will tumble up as luck may have it.

There is no doubt but that this end is largely accomplished by what the Malthusians call "preventive checks." That abortion and feticide are two of them, in a small number of instances, cannot be doubted; and they are very reprehensible checks, which the profession should use its utmost endeavors to abolish; but that all checks whatever should be embraced in its condemnation we do not believe; in fact, emphatically deny. On the contrary, such economical measures are an integral part of civilization, and the profession had much better study to ascertain which are harmless and which not, so that they can advise judiciously on the subject, than to allow a baseless prejudice to interfere with their usefulness.

The use of such checks, when in themselves not injurious, is in their results beneficial. For the proof of this we have but to turn to the statistics lately obtained by the various Health Boards. Dr. Baker, of Michigan, has shown that in a given number of children of American born parents the mortality is very decidedly less than in an equal number of children of foreign born parents. Still later, Dr. H. P. Bowditch, of Massachusetts, has, by very careful examination, demonstrated that in that old commonwealth children of American born parents are taller and heavier than those of foreign born parents of the same age (*Report of State Board of Health*, 1877). That they receive, as a rule, better education and more careful nurture, is obvious.

The question, therefore, is placed in this form: Is the duty of the parent to the offspring, of the citizen to the commonwealth, better fulfilled by producing a few children who shall have greater viability, grow up taller and stronger, and receive a higher education, than by producing double the number, who shall be inferior in all these respects? So put (and it is correctly put), it is simply the question between having a higher or a lower civilization in the future; and as on this subject no two opinions are possible, the question answers itself.

Notes and Comments.

Lead Colic from Swallowing a Bullet.

A rather curious case was recently reported to a London Society, by Dr. Turnbull, of Coldstream. Early one morning he was summoned to see a boy, aged 9, who was suffering great pain in the abdomen. The history was that he had recently swallowed a lead bullet. No alarm had been felt by his parents at the time he did this; but they gave him a dose of castor oil and put him to bed. The pain when he saw him was very severe, paroxysmal, and felt chiefly around the navel. At first he thought it was due to mechanical obstruction; but soon he felt sure it had more of the character of lead-colic. There was, however, no blue line on the gums. The treatment adopted was hot poultices locally, opium, sulphate of magnesia, and diluted sulphuric acid, for the purpose of coating the bullet with an insoluble sulphate. Chlorodyne was also employed. The severe pain, however, continued, and also strangury, along with some internal hemorrhage. He then lost flesh rapidly, and ultimately died, three weeks after swallowing the bullet. In such cases, Dr. Turnbull said that an emetic should be administered at once, and a guarded prognosis given.

The Cold Bath in Infantile Diarrhœa.

This has long been known as a most efficacious measure, even in extremis. An Italian practitioner, Dr. Wocke, has lately been drawing attention to the same plan of treatment. He refers more particularly to the terrible epidemics of diarrhœa which prevail in summer. The epidemic is due, he says, in part to the deleterious influence of the elevated temperature on the infantile organism, and in part to the injurious effect which the heat exerts on the aliment, the milk, and the air inspired. For this state of things he recommends cold bathing, of which he has a high opinion. Wasting children, reduced by vomiting and diarrhœa,

were as if regenerated by the second day after the baths were commenced. The restlessness disappeared; sleep was restored, the appetite increased, and the diarrhœa diminished. The cold baths act on the child as a tonic, and internal remedies then exert a better influence. Dr. Wocke commences his treatment with cold douches to the head and stomach; then passes to baths, commencing at a temperature of 26° C., and reducing them to 22°. Three baths a day are sufficient.

Carelessness in Surgery.

Many surgeons maintain that the success of Lister's antiseptic treatment is more owing to the care and cleanliness he inculcates than to anything else. The following extract from a Paris letter shows how much these are wanting in the hospitals of that city. "At one of the best-known hospitals in Paris I witnessed the excision of a fatty tumor, the operation being as simple a one as possible. The man was put to bed, and next day a case of facial erysipelas was taken into hospital and deliberately placed in the next bed. Needless to say, the patient who had been operated upon took the disease and died of it. In another hospital a case of erysipelas was introduced from outside and placed between two patients who were convalescent from acute diseases. They both took the disease and died, and in addition several other patients in the same ward took the disease. As no disinfection or isolation was practiced, it was long before the ward was free from the infection. These cases are only examples of what is taking place almost every day in Paris. It is really incredible that such a state of things should exist in a great town like Paris, which prides itself upon being the home of surgery, and boasts that it has some of the finest surgeons of the world."

Paper Splints.

Dr. M. R. Speare, of Rochester, N. Y., sends us a sample of his "paper splints." He writes:—I employ strong manilla-paper and bookbinder's starch, which consists of flour and water boiled to the consistency of jelly. I first prepare my paper by cutting it into strips long enough to encircle the limb at its greatest circumference, and varying from half an inch to an inch and a quarter in width. Having an assistant with the starch and a brush ready, I apply a flannel roller as far as I wish the splint to extend; then smear this with the starch, apply the strips of paper—after starching—the same as a many-tailed bandage, brush this over with starch again, and apply another layer as before, until I get the required thickness, which is usually six or seven layers, according to the firmness of the paper used. The whole process will occupy about fifteen minutes.

When this is dry, which will take two or three hours, by the aid of hot bricks or sand bags on each side of the splint, it is very light and comfortable, fitting as nicely as a stocking, and is as firm as the same thickness of wood.

Carbolic Acid in Diarrhœa.

A correspondent, Dr. J. W. Palmer, of Ohio, writes us:—Recently, I have employed carbolic acid in the treatment of diarrhœa, both acute and chronic form of the disease, with signal success. It is given in one or two drop doses, largely diluted with water, from two to four hours apart. It controls pain, and corrects the fetor of the discharges, and otherwise cures the disease. If severe pain be present, and the discharges profuse, opium and creta preparata, with astringents, may be alternated with it. But my experience is that carbolic acid in most cases is all that is required.

Bichromate of Potash as an Antiseptic.

M. Laujorrois lately presented a note to the French Academy, on the antiseptic properties of bichromate of potash. Experiments had shown him that the addition of one-hundredth part of bichromate in ordinary water prevents the putrefaction of all sorts of organic matter, such as meat, urine, etc. A thousandth part of bichromate prevents beer from turning sour. After three months' immersion in a solution, meat was hardened and dry.

Cotton-Wool Dressings.

Dr. Desormeaux read, lately, a memoir on union by the first intention, under cotton-wool dressings. To obtain this result, when the amputation or disarticulation is finished, M. Desormeaux washes the wound with water and carbolized alcohol, or solution of chloral; then applies the suture by the aid of fine annealed iron wires, leaving in the most suitable place a space without junction, where he places a drainage-tube. Afterwards he applies the cotton-wool dressing to the stump, removing it after twelve or fifteen days, to take away the

drainage-tube, the ligature-wires, and the sutures, which have become useless. Then, after a fresh washing out, he again applies the cotton-wool dressing, and leaves it twelve or fifteen days before finally removing it; at this stage the cicatrix is consolidated. Up to the present this method has yielded excellent results.

The Vegetable Origin of Malaria.

Dr. Salisbury, of Ohio, some years ago claimed to have discovered the microscopic vegetation which produces malarial disease. Recently, two Italian physicians, Signori Lanzi and Terrigi (*Monthly Microscopical Journal*), have discovered minute dark granules belonging to Cohn's group of pigmented sphæro-bacteria within the endochrome of algæ, which increase in number with decay of the latter. These granules yield on cultivation the *Monilia penicillata* of Fries, and are identical with the pigment granules of the liver, spleen, and blood of those who have suffered from malarial diseases. Lanzi has even obtained a *Zooglœa* by cultivation of these granules from a human liver. On the evaporation of the marshy pools of the Campagna in summer, great sheets of decomposing algæ are exposed to the air, the sphæro-bacteria abound, and are found floating in vast numbers in the atmosphere, to the height of fifty centimetres above the level of the marsh.

Trichinosis in Saxony.

In a "Statistical Account of the Epidemics of Trichinosis that have occurred in Saxony during 1860-75," published by Dr. Reinhard in the *Archiv für Heilkünde*, Band xviii, he furnishes a table which shows that within this period thirty nine epidemics have occurred, giving rise to 1267 cases of trichina disease, and to nineteen deaths, four of these occurring in males and fifteen in females. Only a very small proportion of the cases arose from eating raw pork, while one-half were produced by eating smoked sausages (*Knackwürste*), giving rise to, however, only two deaths. Among 340 persons who partook of well prepared sausages (*Bratwürste*) eight died. The epidemic appeared for the first time in fifteen places, more than once in seven places, and seven times in Dresden. In most instances the number of persons attacked was few, the highest numbers amounting to 209, 140, and 199; one death only resulting from the combined total of 548 cases occurring in these three epidemics. In several instances the number of cases was as low as from one to seven. The mean (thirty-two and a half) of the 1267 cases was scarcely exceeded in a fourth part of the places, while in three-fourths of the other places the mean was not reached. In many instances the number of cases was so small as to show that a trichinized animal may be entirely consumed without inducing the disease at all. The same conclusion is arrived at from the comparison of the number of slaughtered trichinized animals and the number of cases of the disease. It is calculated that 100 trichinized pigs will give rise to only four cases of the disease in man.

Correspondence.

Ammonia in Snake Bite.

Ed. Med. and Surg. Reporter:—

I was called on the evening of November 5th, to see B. H., who had been bitten by a "copperhead." I arrived about two hours after he was bitten, and found him showing all the symptoms of snake poisoning. He had been bitten on the foot by a large "copperhead," the bite looking as though it had struck him twice. Immediately on being bitten he applied a ligature around the ankle, and a poultice of clay and onions to the bite. The ligature had the effect of stopping the venous circulation, so that the foot and leg below it were swollen as full as the skin would permit. But it had not prevented the absorption of the poison, as was shown by the rapid pulse, nervous prostration, chilliness, and especially by the vomiting, which was of that peculiar coffee grounds appearance indicative of hemorrhage into the stomach. This symptom is spoken of by writers on the subject, but although this was my fourth case I had never seen it before.

The treatment consisted in the hypodermic injection of fifteen minims of spirits of ammonia aromat., diluted with an equal quantity of water, into the foot, in the neighborhood of the bite (the ligature having been previously removed), and the internal administration of half a teaspoonful to a teaspoonful of the aromatic spirits every hour, until the urgent symptoms were past. Marked relief was experienced within an hour, and in a week's time he was well, not having been confined to the house a day. But his limb swelled, skinful, part way up the thigh, and when the swelling had subsided, showed all over the calf of the leg that peculiar bruised appearance which seems to be characteristic to parts after snake bite.

This is the fourth case that I have treated. The first (recorded in full in the Chicago *Medi-*

cal Journal, for December, 1872), was that of a man badly bitten on the hand, twelve hours before I saw him. He was treated in the same manner as above, except that in his case I made six injections.

The second case was a girl of sixteen or seventeen years of age, bitten on the foot, and the third a girl of nine or ten, bitten on the hand. These last two were not severe bites, evidently by small snakes, and I did not make a hypodermic injection, simply gave the ammonia internally, and applied a lotion of the same to the affected part.

As this is the season when snake bite is most likely to happen, I have thought fit to bring these cases to your notice, and thus add this testimony as to the efficacy of ammonia in snake bite.

Prof. Halford has been the principal advocate of this mode of treatment, which he lauds very highly. His plan of treatment, as stated by Bollinger, in Ziemssen's Cyclopædia, is as follows :—"He injects thirty drops of water of ammonia (=gr. 0.95 ammonia) into a superficial vein, which is immediately followed by a brisk activity of the circulatory and nervous systems; this procedure is repeated as soon as the stimulating influence of the remedy is suspended."

There is a contrariety of opinion as to its efficacy. Experienced observers, as Fayrer and Richards, assert that it is of no avail. I can bear testimony to the correctness of the effect of the hypodermic injection of ammonia, as observed by Prof. Halford. This was strikingly illustrated in my first case. The person had been bitten twelve hours before I saw him; the arm was swollen almost to bursting, and the swelling extended on to the pectoral region; the breathing was hurried; the countenance anxious; the pulse excessively rapid, feeble and irregular, 150 to 160 per minute. I made two injections of twenty minims each (aquæ ammonia and water) into the bitten arm. Within twenty minutes the pulse had come down to 70 per minute, and was full and regular.

I have no theory to offer as to its action. I have not regarded it as an antidote to the snake poison, but rather as a pure stimulant. If it always acts as well as it has in these cases, I think we will need nothing better. I have never used alcoholics, believing their use, as advocated, to be unphilosophical.

Mifflintown, Pa. THOMAS A. ELDER, M. D.

Ignorance of Pregnancy.

ED. MED. AND SURG. REPORTER :—

Noticing in the REPORTER, recently, two communications on the above subject (from Drs. Butcher and Ross), I thought I would add my mite on the same topic, viz., "Can a woman carry a child to full term and not be aware that she is pregnant?"

It is a subject to which I had previously given but little attention. On February 10th, 1875, I had a similar case, and never thought of reporting it, but will do so now, and you can make such disposition of it as suits you best.

Mrs. H., a married lady, and mother of one child, being in very poor health (having phthisis pulmonalis), sent for me (to use her own words) to see if I could tell her what was the matter with her side and bowels; she had great pain in her left side, and her bowels were swollen so she thought there was an abscess which needed to be opened.

This tumor had been growing gradually for four or five months; she had never felt any motions, and did not believe she was pregnant; her catamenial discharges were irregular, as regards time—one, two or three months apart. Upon examination I discovered the tumor to be nothing more nor less than a living child, and that it was likely to be born inside of twenty-four hours. I administered an opiate, and the child was not born till forty-eight hours after; weight about two and a half pounds; is still living, and doing well.

I forgot to state that her appearance when on her feet did not show any enlargement of the abdomen; the mammary glands secreted nothing; she had no milk for the child. She died in about eight weeks after, with phthisis.

Morea, Ill. J. A. INGLES, M. D.

Hidden Hemorrhage from the Umbilicus.

ED. MED. AND SURG. REPORTER :—

A case in the last "*Compendium*" calls out an experience of my own.

June 12th, 1877, I was called to attend Mrs. G. H., in labor with her fifth child, and arrived just in time to tie the cord and remove the placenta. The child was large and well-formed. I visited the case once afterward, and found everything in good order.

On June 29th I was called in haste to see the babe, which was said to be bleeding to death. I hurried down (a mile from home), and found the child's clothing saturated with blood, but none flowing. The babe seemed to be exsanguined, and died in a few moments after my arrival. The blood evidently came from the umbilicus, though there was no apparent rupture, and the parents say that no possible violence was done to it. It had bled for two days.

Two weeks ago, Sunday, the fourteen weeks' old boy of Mr. B. fell out of bed, striking his head on a chair round. The Tuesday following I was called in, and found a puffy swelling, about an inch below the occipital prominence of the right occipital bone, through which I could feel the edges of the bone forming a semilunar opening, two and one half inches long by over one-half inch wide, the upper edge projecting one-fourth of an inch from the usual plane.

Slight compression with bandages wet with aconite and arnica formed the only treatment. The swelling has disappeared, but the opening in the skull has not closed. What other treatment is advisable? C. A. FREEMAN, M.D.

Illinois.

Hydrate of Chloral in Inebriety.

ED. MED. AND SURG. REPORTER:—

I wish to add my testimony as to the danger of using hydrate of chloral in cases of inebriates. In last week's REPORTER, page 71 of current volume, a case is mentioned, and quite a number are reported by Dr. Madison Marsh, in vol. xxxii, page 45, of the REPORTER. Two very marked cases of sudden death while using chloral after hard drinking in cases of confirmed drinkers, have come within my knowledge. The first was in the case of a public officer, apparently in perfect health, who, after walking about in a large yard, carrying his boy in his arms, came in from his walk, laid down to rest, and died in less than five minutes. He was attempting to straighten up from his last spree, by using chloral as a substitute for alcohol. I do not know the quantity taken in this case, but was informed that the dose was not an excessive one.

The second case is that of a young physician, a student of mine, and a graduate of the Jefferson Medical College. He was drinking alcohol to excess, and at the same time using chloral. I had repeatedly warned him of the danger, not only of using alcohol, but of the special danger of chloral while drinking. Citing to him the above case, and referring him to Dr. Marsh's cases, he made light of the warning; he walked about a quarter of a mile to visit a patient, sat down in a chair, and died in a moment. He also was attempting to straighten up on chloral. He was in the habit of using chloral in large doses, from forty to sixty grains.

As chloral would seem to be a very appropriate remedy in the sleeplessness of delirium tremens, the profession should be put upon its guard against its use in cases of inebriety.

Indiana. E. T. SPOTTSWOOD, M.D.

NEWS AND MISCELLANY.

The Juniata Valley (Pa.) Medical Association.

The following officers were elected at the last meeting, for the ensuing year: President, Dr. J. Irvin Marks, of Lewistown; Vice-Presidents, Drs. Rowan Clark, of Bell's Mills, Blair county; Sidney Thompson, of Spruce Creek, Huntingdon county; J. N. Richards, of Bedford county; Samuel Harshberger, of Mifflin county; J. P. Sterrett, of Juniata. Recording Secretary, Dr. W. C. Roller, of Hollidaysburg; Corresponding Secretary, Dr. Crawford Irwin, of Hollidaysburg; Treasurer, Dr. Isaac N. Grubb, of Juniata.

Diphtheria in Lowell in 1876.

The report of the Massachusetts State Board of Health says that the year 1876 was a memorable one for Lowell, because in it the city has been visited by the most fatal epidemic ever known in its history, there being in all 231 deaths.

Personal.

—Dr. E. F. Winslow, of Salt Lake City, was finally cremated last month. (See page 80).

—Dr. W. Bathurst Woodman, a young physician of much promise, died recently in London.

—Dr. Edward Warren (Bey), a prominent American physician of Paris, has just been created a Knight of the Order of Isabel the Catholic, as a recognition of the professional skill displayed by him in the successful treatment of some Spanish personages of high position.

—Dr. James McClelland, of the Navy, died on Saturday morning, August 4th, at his residence in Germantown. He was connected with the Naval service as assistant surgeon or surgeon, from June 20th, 1838, until 1868, when he made his last cruise. On the 3d of March, 1871, he became medical director on the retired list.

Items.

Of the 8805 persons who are set down in the census report as being engaged in manufactures and mechanical industries in Lynn, 5689 are employed in some branch of shoemaking.

—A Jewish butcher, named Doppelmann-Freund, has just died at Prague, aged 117. His wife had lived to 99.

QUERIES AND REPLIES.

MR. EDITOR:—A gentleman, in perfect health, living in my community, lost his left testicle by inflammatory process, in the year 1871. I would like to inquire of the medical profession, through your journal, whether, under favorable circumstances, he can beget his race.

"A REGULAR PHYSICIAN."

Dr. J. C., of Mass., desires to know the best treatment for poisoning from *Cornus Florida* (no particulars or symptoms given).

MARRIAGES.

FREEMAN—KNECHT.—May 24th, 1877, at the bride's home, by Rev. N. Z. Snyder, E. J. Freeman, M. D., of Freemansburg, Pa., and Emilie, daughter of John Knecht, Esq., of Shimersville, Pa.

MANIRE—BROWN.—On July 25th, 1877, at the residence of the bride's stepfather, W. W. Brooks, six miles north of Franklin, Tenn., by the Rev. N. J. McDonnal, W. H. Manire, M.D., of Rutherford County, Tenn., and Miss C. Ernestine Brown, only daughter of the late Dr. H. T. Brown.

Attendants—Miss Emma Lillie and Miss Imogen Cox, Mr. N. L. Brown with Miss Mary E. Brooks, Mr. W. M. Farris with Miss Ida P. Beech.

TRADER—PORTER.—On July 12th, 1877, by Rev. — Gilson, J. L. Trader, M. D., of Uniontown, Pa., and Miss Carrie M. Porter, of Perryopolis, Pa.

DEATHS.

POLK.—On July 24th, in Philadelphia, Willie J., son of Dr. C. G. and Phebe Y. Polk, aged 7 months, 26 days.

THURMAN.—At Cedarville, Mo., July 13th, after an illness of twelve hours, of cholera infantum, Allen Garnet, only son of Dr. J. L. and E. L. Thurman, aged 1 year, 10 months and 20 days.

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is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

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1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly :* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

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"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE ; and by direction I made a qualitative examination for *quinine, quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine*, and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.
"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.
"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY, 908 East Cumberland St., Philadelphia, Penn., Feb. 29, 1876.
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"F. A. GAMAGE, M.D."

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1068.] PHILADELPHIA, AUG. 18, 1877. [VOL. XXXVII.—No. 7.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

RETARDED DILATATION OF THE OS UTERI IN LABOR.

Read before the Philadelphia County Medical Society,

BY ALBERT H. SMITH, M. D.,

Lecturer, on Obstetrics, to the Philadelphia Lying-in Charity.

Continued from No. 1067.

II.—Delays from Absence of Dilating Wedge.

In the first part of this paper, read at a previous meeting of the society, I called attention to those conditions which delay the first stage of labor, which have their origin in the cervix itself, consisting either of spasmodic contraction or true rigidity of tissue. This evening I wish to continue the subject in reference to delays arising from causes not originating in the os itself, and yet which may be and often are mistaken for the results of rigidity. These are the cases in which the os uteri remains closed, even though the contractions of the uterus are active, simply because the dilating mass is not brought to bear upon its rim; dilatation being retarded because there is no mechanical force operating to effect an opening.

Now, in my experience these are the cases in which much more frequently we find retarded labor than in those already spoken of, for I must say that in my practice I have but in few cases, comparatively, met with true rigidity of the cervix, or with spasmodic contraction, whereas I am constantly meeting with the cases which I have made the subject of this evening's paper.

We may divide these cases properly into those which depend upon causes connected with the contraction of the uterine body, and those resulting from faulty relations of the presenting mass with the pelvic strait.

Among the first class we sometimes find simply a condition of inertia of the uterus as the delaying influence. An ordinary case of inertia could never be mistaken for one of rigidity. Simple inertia is characterized by a feebleness of the contractions, slight suffering on the part of the mother from the pains, and a long interval between them, all of these conditions varying in different individuals. The os may be soft, and dilatable with the finger, and the fœtal mass enter fairly into the brim of the pelvis, and impinge upon the os at each recurring contraction, and yet the pain may pass off, having expended so little force upon the uterine tissue that no appreciable dilatation has taken place. This is the ordinary and easily recognizable condition of inertia or sluggishness of uterine action in the first stage; but sometimes we find inertia manifesting itself under different conditions. The pains are frequent, the suffering caused by them is great, the presenting mass is driven down apparently firmly into the brim of the pelvis and the lower segment of the uterus, and the os becomes tense under the influence of the contraction; yet the labor does not progress; when we pass the examining finger into the os, letting it remain until a pain, we find that the contraction, which, as I have said, is apparently vigorous, and causing suffering, nevertheless does not force the presenting mass against the rim of the os with any force, there being no decided pressure

against the finger from the onset to the close of the pain. We know, then, that although the uterine contractions are regular, the expulsive effort is feeble; that the os uteri does not open because there is no active dilating force.

Now, we have this condition of inertia entirely independent of any rigidity, and we must treat it simply with reference to its own proper character, by stimulating the uterine fibre to more active normal effort. For the promotion of this end we have at command many reliable agents; such as active *frictions* over the abdomen; administration of *diffusible stimulants*, as the bowl of hot tea; medicated decoctions, such as ginger, balm, mint or other teas; the hot toddy, or milk punch; the hot and cold *douche;* and other well-known remedies. The agent in which I have had most confidence recently, in overcoming simple inertia of the uterus, is the *sulphate of quinia*, upon the action of which upon the gravid uterus at full term I presented a paper to the College of Physicians, in December, 1874, published in the *Transactions* of the College, volume VIII. The views therein expressed I have had no reason to change, and it is with great confidence that I administer to every patient, after the development of normal labor pains, fifteen grains of bisulphate of quinia. I prefer this salt to the sulphate, because of its very rapid solubility, and proportionately speedy absorption and production of the stimulant effect upon the contractions of the womb. I do not hesitate to give it in every case, because, even when there is no decided inertia at the onset of labor, there may be a failure of the powers of the mother, from early exhaustion and fatigue, and we get the benefit of the quinia in diminishing this tendency, and also in promoting the condensation of the uterine fibre after the delivery of the placenta, thus lessening the dangers of post-partum hemorrhage, and the annoyances of the after pains so commonly resulting from a slow condensation of the uterine muscle. I have never yet seen any untoward result from its uniform administration, having used it now for nearly four years, even in cases where the susceptibility to its effects was ordinarily quite marked. I have never yet seen any unpleasant degree of cinchonism produced; and inasmuch as quinia has no specific effect upon the uterus, acting simply as a stimulant to the normal action of the organ, imparting to it a healthful vigor, in common with other organs needing a like stimulus, we need have no fear of arousing violent or dangerously prolonged action.

Perhaps I may here be allowed to enter a protest against the too hasty use of an agent which only a few years ago was looked upon as the eminently proper resort in inertia of the uterus, viz., *ergot.* Unlike quinia, ergot has undoubtedly a specific influence upon the action of the uterus, not exclusively upon that organ, but affecting it in common with all involuntary muscles, producing a continuous contraction. In this respect it violates that important law of the healthful uterine expulsion by virtue of which the womb fibre contracts intermittently, to save the mother's tissues from dangerous contusion, the uterus itself from risk of rupture, and the child from asphyxia, rendered liable by the continuous pressure of its placental vessels diminishing and almost cutting off completely its supply of ærated blood. I feel that the cases in which ergot may be safely administered as a stimulant to the uterus in labor ought to be carefully selected. If there be any delay from disproportion of the fœtal mass to the pelvic strait, or from unfavorable presentation, any of the risks just mentioned may be imminent. I very seldom give ergot in any case of labor until the second stage has terminated; never in a primipara, unless it would be in a hemorrhage before expulsion, and never in any other case unless I know from previous experience in that particular patient that the pelvis is ample and the prospect of delay from obstruction is reduced to nothing. I am satisfied that if this rule was carried out the cases of ruptured uterus would be greatly diminished.

In some cases the inertia may arise from a preternatural distention of the amniotic sac; the uterine muscular fibre being enfeebled in its action by its excessive stretching, it seems, as it were, to stand aghast at the immense mass upon which it has to act. In these cases we may, with advantage, rupture the membranes and let the water slowly drain off, when the uterine fibre may condense itself, and, gaining power thereby, go to work more bravely and with full effect.

Another condition connected with the action of the uterus itself giving rise to delay in the dilatation of the os uteri is that of irregular contractions of the muscular fibre, a want of coordinate action or harmony in the expulsive effort. The pains of labor are violent, frequently recurrent, exhausting to the mother,

yet no dilatation takes place, the os does not yield, and the finger introduced finds the presenting mass, although well down in the pelvic cavity, not drawn with any force against the rim of the os. The hand placed upon the abdomen during a pain recognizes the cause of delay, the uterine tumor giving the impression, not of a uniformly hardened surface, but presenting ridges and furrows, lobulated and bossellated ; and the firm pressure of the fingers upon the abdominal walls, as they pass from point to point of this irregular mass, causes the patient to cry out with pain, a condition quite unknown to the healthy and normally acting womb. This state of things may arise from rheumatic irritation of the uterus, or from subacute inflammation of its walls, or from the same causes as produce the spasmodic contraction of the cervix, which were noticed in the first part of this paper, and it will yield to the same constitutional treatment. Attempt no force ; do not enrage the already irritated fibres of the womb by rude efforts at compulsory labor, but soothe them, remove the causes of irritation, give them rest and quietude for a little time, and they will go to work regularly and methodically. Use your opium locally or generally, as before recommended for the spasm of the neck, your warm baths, hot teas ; anæsthesia, with ether or chloroform, if you prefer it, used not to unconsciousness, but simply to the sedative effect; chloral might also be used here, with more advantage, probably, than in the spasmodically resisting neck, though I have never used it for the purpose. After quieting with any such means the overwrought and fretted womb, if it is left exhausted after its fruitless efforts, stimulate it with the diffusible stimulants, and especially with quinia.

Still another condition may delay the dilatation, and weary the patient and the accoucheur with long waiting, if not recognized. We may have labor coming on prematurely, a few days or a few weeks before the womb is ready to turn out its contents, being thrown into active contraction by some undue muscular strain or moral shock in the mother. The pains are violent, regularly recurring. Not the diffused abdominal pains, characteristic of false labor, but properly located and normal in kind. But the touch shows, as usual, the cervix not perfectly obliterated, and the os scarcely patulous. This may not always be the case, however, as I have seen premature labor advance until the os was dilated to the size of a half dollar, under excessive mental disturbance, then ceasing with the sudden return of tranquillity, and not recurring for four weeks, when the process was terminated, promptly and easily. The essential treatment of these cases is with repeated opiates to the rectum ; if premature labor is suspected, when dilatation is slow, give opium locally ; if the suspicion be correct, it will in all probability arrest the contraction, and it is the only agent which affords the least certainty of success in saving the mother from a long and exhausting effort to open a womb whose circular fibres have not received the preparatory softening of tissue which takes place at the full period of gestation. A premature labor, if not arrested, is usually a long and exhausting one, the difficulty to be overcome being a general rigidity of the whole lower segment of the uterus. The opium will quiet the irritation which has developed it, if this be the condition, whereas, if the suspicion be not correct, if the labor pains are the result of mere physiological stimulus, nothing can arrest them completely, short of death.

The remaining class of cases in which there are conditions interfering with dilatation of the os in labor, are those depending upon the relation of the presenting mass to the pelvic brim ; the cases in which the fœtus, being prevented from dipping down into the pelvic excavation, cannot impinge upon the rim of the os, and necessarily cannot act mechanically in effecting its dilatation. These may consist either (1) of cases in which there is a want of relation in the measurement of a pelvis and of a fœtus, presenting normally (*i. e.*, a large fœtus, or a small pelvis), or (2) of those in which, with ordinary size of both, the fœtus may be unfavorably placed for entering the brim.

I do not propose to consider, under this head, the extreme cases of markedly contracted pelvis, nor the distorted pelvis, nor cases of shoulder or other transverse, nor face presentations, all of which are easily recognizable before the labor has progressed far enough to be called tedious ; but to confine myself to those conditions in which dilatation is slow or altogether arrested, and yet where, until a careful diagnosis is made, no abnormal condition or reasonable cause of delay is apparent. These are conditions which, to the young obstetrician, and to the general practitioner who is occasionally compelled to

take charge of lying-in cases, are explicable only upon the supposition of rigidity of the os uteri, and are treated upon this theory often with the sad results of loss of life to the child and integrity of tissues to the mother. It was mainly for the purpose of calling attention to the diagnosis and correct treatment of these cases, by grouping the various conditions well known to us all for which they might be mistaken, that I was led to bring this subject before the society for discussion.

We have, then, first, the cases where the head presents regularly, but either the pelvis is a little below the standard in the measurement of its brim, or the head is a little above the ordinary measurement of its diameter. In either case the results are the same. So long as the membranes are unruptured the labor progresses with a slow effort at dilatation, simply effected by the pressure of the bag of waters. The head being disproportioned to the brim, rests above it, moving freely, without any attempt at engagement; not entering the excavation, it cannot aid in the dilatation. If the membranes are tough and unyielding the dilatation may advance considerably by their insinuating themselves as a conical wedge into the cervix; though the process must be slow in a primiparous woman.

But in a great proportion of cases where, from any cause, the presenting mass does not enter the brim and occupy the lower segment of the womb as a plug (as in the case of the frank vertex presentation of ordinary measurement), thus protecting the membranes from the violent force of the water driven by each recurring contraction, we are apt to have a premature, or, at least, very early, rupture of the membranes. We all know the old proverb of the lying-in chamber, that a "dry labor is a long labor;" but the accoucheur understands that the labor is dry because it is going to be long; that the waters drain off because the membranes have broken for want of that support which they would have received from a head entering early, and likely to pass rapidly through, the brim of the pelvis. This protection is so marked in a normal labor, as we know, that often the membranes do not give way until the head has reached the perineum, the pelvic straits being completely plugged by the closely-fitting head, scarcely enough water preceding it to bulge the membranes during a pain, and yet the expulsion of the child's body being followed by a torrent of water, deluging the bed, and threatening to drown the child unless speedily removed from its nearness. But in the cases under consideration we usually have the opposite condition; the want of support favors the early rupture, and we have the dry labor; and if the features mentioned are very marked, or the uterine powers at all feeble, we will have the tedious labor. Let us see what now takes place. The water being drained off, the forces of the uterus are expended directly upon the fœtal mass, and the head driven in flexion against the pelvic brim; here it rests, making no impression upon the lower segment of the womb but to squeeze its walls more and more, with each successive pain, between the hard cranial bones and the harder pelvic brim. The os uteri is far below in the pelvic excavation, or it may be just far enough not to be reached by the pressure of the head resisted in its progress into the excavation. At any rate, it does not dilate, simply because there is no mechanical force brought to bear upon it; it rests undisturbed, waiting for the head to be gradually forced from above or drawn from below, through the narrow passage which arrest it. And so soon as this solid mass impinges upon its rim, then dilatation goes on regularly, and perhaps even more rapidly than it would have done at the first.

When we examine such a case at the onset of labor, there is nothing very striking about it, though the experienced touch will recognize, even before the membranes are ruptured, that the head is very high up, that the vaginal tumor, instead of being spherical and firm, is more conoidal and soft; that the finger can enter a good distance within the cervix before coming in contact with the bones of the cranium. But the rupture of the membranes gives more distinctive signs of the true condition of things. The pains are violent, and frequently recurring, yet no dilatation takes place; a casual examination of the os from time to time shows no change, and in the primiparous woman the cervix maintains a firmness of tissue which, in conjunction with the activity of the expulsive effort, suggests naturally at first the diagnosis of marked passive rigidity. But the finger passed within the os gives us the accurate diagnostic points of the case. Before the pain comes on we may notice the distance of the head above the level of the os uteri, and if the water is drawn off some time, we find a rapid develop-

ment of the caput succedaneum; we can carry the finger around the cranium at the circle of impact upon the brim of the pelvis, and at the point we find a well marked circumference line of demarcation between the infiltrated tissues and the firm scalp, supported by pressure upon the pelvic brim. When the pain comes on, the head makes no advance, and we find that the space between it and the os uteri remains unchanged; there is no pressure upon the os, no dilating force brought to bear upon it, and it remains as passive in the labor at this stage as does the perineum. It does not even condense its fibres; there is no tension of its tissues. This gives us a positive diagnostic sign, by which we distinguish between delay in dilatation from rigidity and delay from the absence of a dilating mass. In the one case every pain brings the fœtal presentation to bear upon the rim of the os, which becomes firm and tense, and braces itself up to resist the transit of the head, and the finger passed between them is forcibly compressed and often driven out from the cavity; in the other, no contact of presentation with orifice, no increased tension of tissues, no resistance, because nothing to be resisted. Now, how important this diagnosis as bearing upon the treatment of the case; if we mistake the condition for one of rigidity, we may exhaust our whole list of remedies, and gain nothing, and our patients, mother and child, be steadily losing, the one from continued compression of her tissues and exhaustion of her strength, and the other from gradually developing asphyxia from prolonged pressure.

What, then, is the treatment of such cases? Essentially the *forceps*, to be carried into the uterus so soon as the os is sufficiently opened to warrant it, after waiting long enough to be sure that the mother cannot easily deliver herself; but not until we fear exhaustion by further delay, in which case we may be too late. Now, what are the difficulties in the use of the forceps in these cases? The general objections to passing the forceps within the lips of the womb I discussed, and I hope proved groundless, in my previous paper. But it may be urged that the application of the blades to the head at so high a point as the brim, when the os is undilated, is a difficult operation. I consider it, with a little practice and a clear understanding of the pelvic anatomy, almost as easy as when the head is at the perineum, vastly more so than when it is impacted obliquely in the excavation of the pelvis. The head is not firmly fixed, the blades pass easily into the cavity after a little traction with the finger upon the lips of the uterus, and lying between the head and the soft and flexible uterine wall, they can be readily carried into any position required. But to do this, we must never forget the curved axis of the pelvis, and the relation of the blades to that axis; especially the fact that when the blades are in position at the brim they are perpendicular to the plane of the brim, and that the handles of the instrument will then be very forcibly carried backward against the coccyx, pressing firmly against the perineum. The remembrance of this fact gives us an important and essential clue to the introduction of the blade; and I have often seen experienced accoucheurs foiled in their efforts at applying the blade at the brim, because they directed the handle so far forward, toward the pubes, that the point of the blade, instead of entering the brim and passing upward to its position, was being driven and ground against the concavity of the sacrum; a suggestion on my part to depress the handle forcibly against the perineum being followed by a successful result. The same conditions of form of instrument, rules of application, and method of traction, must be followed as were recommended before in the introduction, occasionally required in obstinate rigidity. And we then have the perfectly safe and only available means of aiding our patient through her first stage of labor. If we wait for dilatation of the os before applying our forceps in these cases, we need never apply them; because the os cannot dilate until the head is either drawn down with the forceps, or slowly moulded, pushed through, by the exhausting efforts of the uterus, and the mechanical dilating force brought to bear upon it. The period of forced dilatation of the os must not be too short, plenty of time being allowed for the gradual opening of the cervix as the head passes through it, that no laceration can result. Usually in these cases the os is so relaxed after the already prolonged labor, that scarcely any resistance is experienced.

I now come to the last variety of this class of cases which I propose discussing, viz., those in which the delay in dilatation results from an occipito-posterior position of the head, in otherwise perfectly normal labors, with heads

not over and pelvis not under ordinary size, and with the tissues not unnaturally rigid. These are, in my experience, the vastly most numerous cases of delayed dilatation: the ones most frequently mistaken for cases of rigidity; the ones most requiring careful management; the ones most satisfactory in their results if fully understood. The occipito-posterior positions, especially in primipara, are the plague of the young obstetrican. Time does not allow me to do more than briefly call attention to the source of annoyance and trouble in these cases, or to their mode of relief. My paper has already taxed your patience far beyond its original intention. I may perhaps, at some future time, enter more into details upon the mechanism and management of these cases. Suffice it to say now, that the relation of the fœtus to the brim of the pelvis is such that the occiput, in consequence, firstly, of the anterior obliquity of the uterus, and, secondly, of the resistance of the elastic tissues of the child's neck, is carried firmly backward against the posterior wall of the uterus and the sacro-lumbar promontory, causing a presentation at the brim, not of the posterior fontanelle, but of the anterior extremity of the sagittal suture. For the head to enter the brim, as it must, with its occipito-mental axis coincident with the axis of the superior strait, the occiput must be drawn forward, that is, the chin must be flexed upon the thorax very forcibly, much more powerfully than in the anterior position, when the flexion is easily accomplished. Now, it is the difficulty of completing this flexion, and driving the flexed head into the brim and down into the excavation, to impinge upon the os uteri, that is the cause of delay in the first stage of labor in a large majority of all occipito-posterior positions. And these cases occur with vastly greater frequency than those of disproportion in measurement, which I have just been considering. According to statistics, they constitute nearly one-third of all cases, and in my experience a larger proportion still.

We have usually the condition mentioned in the last class of cases, only to a more marked degree; a long continuance of feeble but annoying preliminary pains, coming on sometimes several days before active labor sets in; frequently very early rupture of the membranes, slowness, and in extreme cases complete want, of dilatation. The examination shows the conical cervix, the unengaged head, the entire absence of pressure upon the rim of the os, even in the hardest pain. We only then need the diagnostic points of the cranial bones to decide us as to the cause of delay; and here, I may say, upon the accuracy of diagnosis depends everything in the management successfully of these cases, not only in fixing positively the cause of delay, but much more in skillfully applying the remedy. Without this accuracy they cannot fail to baffle the medical attendant. We must not stop short of an absolute certainty as to the location of the cardinal points upon the head; we must find the fontanelles, posterior and anterior, or if the caput succedaneum has obliterated these landmarks, we must pass the finger beyond its margin and find the sutures which lead to them, and if we cannot fix accurately their relation, even carry the finger up anteriorly upon the nasal prominence, or laterally over the parietal bone, till we find the ears. We can do this, because the head is not firmly fixed at the brim, although we may require to carry up the perineal tissues very forcibly, or even to introduce the hand into the vagina to reach these points upon the cranium. If the waters are not drained off, we do not need to carry our explorations so far, as there can then be no infiltration of tissues, and the fontanelles are easily recognized. But in that case we should make the touch very gently, to avoid rupture prematurely, by which we lose the dilating wedge of the membranes, and increase the danger to the child.

The diagnosis being settled, what are the indications for treatment. If the membranes are intact, do nothing; sustain the mother's strength, and wait; neither mother nor child is in danger. After rupture, if the head does not descend, then interference becomes needful. The delay is from want of flexion, want of power in the uterus to bring the vertex to the centre of the strait. We must help the uterus; how shall we do it. We may sometimes, by placing the finger behind the occiput, draw it forward; my eminent friend, Dr. Goodell, skillfully uses the vectis for this purpose. I prefer the forceps, because, if properly used, we have in them not only the means of promoting flexion, but also of aiding the uterus to fix the head in the excavation by traction upon it after it is flexed. We may get it flexed with the hand or the vectis, and think the pain has fixed it, but upon the subsidence of the pain the elasticity of the neck again carries it backward. To use the

forceps successfully in these cases they must be used with the greatest accuracy of application and the most conscientious care in traction. Carried within the lips of the uterus, the blades are to be with rigid nicety applied over the parietal prominences, the concave edge being necessarily in this position toward the anterior part of the head, the convex toward the occiput. Here comes in the necessity for certainty of diagnosis. We must know where the sides of the head lie in relation to the pelvis, otherwise we cannot apply the blades to their surface. Having completed the application, when a pain comes we grasp the head firmly between the blades, and drawing the handles forward, lift the occiput toward the centre of the strait, at the same time forcing the chin against the thorax. Thus we make the head revolve upon its bi-parietal axis as a centre, flexion is completed, and the expulsive power of the uterus relieved from this amount of tax upon its forces; but without relaxing the grasp, we now continue the aid to nature by making traction upon the flexed head in the direction of the pelvic axis, by pressing downward *firmly* with the left hand upon the back while we make a *little* traction upon the handles forward, and thus compel it to enter the brim and begin its descent. It now impinges upon the rim of the os, dilatation takes place, and the process, so far as the subject of this paper is concerned, is completed. For this operation how eminently do the virtues of the old-fashioned, unappreciated blades of Davis' forceps stand forth! What a completeness of grasp, what a thorough control, in the broad blade, to compel flexion? What a nice adaptation to every want in the peculiar character of the case. Next may come the Hodge forceps, narrower and therefore with less grasp. But the forceps now unfortunately so fashionable, of Simpson, and Barnes, and Dubois, and Bedford, with their narrow blades and kite-shaped fenestræ, are utterly inapplicable and worthless in this work. Their certainty of slipping and doing injury makes it preferable to leave the case to nature unaided, than to interfere with a clumsy and unfit tool.

And in these cases especially how important to grasp the head upon its sides, an oblique grasp having the effect, necessarily, of forcing the occiput more and more posteriorly, pressing the side of the occiput behind, and the side of the forehead before, both toward the line of the sacro-pubic diameter, thus preventing that anterior rotation which is so essential to a normal labor. After the dilatation has been effected, and rotation taken place as far as the transverse position, the blades of the forceps are to be removed, to prevent their concave edges from being driven toward the hollow of the sacrum, and, if necessary, reapplied.

If in this paper I have made my points clear, and have been able to make use of the experiences of every-day life to the help of any one, I hope it may somewhat compensate for the unintentionally tiresome and diffusely drawn-out method of putting them.

THREE CASES OF NARCOTISM.

BY HENRY P. WENZEL, M.D.,
Of Theresa, Wis.

Accidental poisoning by narcotics is daily reported; and the suicidal mania, instead of retrograding, assumes greater propensities. We live in a fast age, and the motto is "Hurry." Even the sons of Esculapius are in the throng of neck-breaking progress; and investigations prove that prescribing is an experimental science. Let the following cases illustrate:—

Case 1.—Hoffman's Anodyne Poisoning.

On June 10th, 1875, 5 A.M., I was called to see Mrs. D. G., a Jewess, aged thirty-nine, the mother of six children; nervous hysterical temperament. Found her in slight clonic convulsions; partial unconsciousness; frothing at the mouth; pupils normal; respond to light; and an occasional scream. History: two months previously she had an attack of gastro-duodenal catarrh, and aborted at second month. She had slept until three o'clock; pulse 90; respiration 18; skin hot; abdomen tympanitic; no pain on pressure; evidently a case of so-called "Hysterical Convulsions." Injected one-eighth grain of morphine over epigastrium, without relief. Gave one-fourth grain internally, and ordered stupes of pennyroyal (hedeoma) to abdomen. An hour subsequently spasm ceased and she slept quietly. Pulse 95; respiration normal.

At seven o'clock I was hurriedly called, and found her in coma, from which she could not be aroused. Pulse 60; respiration sighing, 8; features pinched; face pale; clammy; pupils myotic; insensible to light; lips and finger nails cyanotic; heart's action feeble; extremities icy cold.

A stomach pump not being at hand, an

emetic was administered without any effect. Tickling the fauces proved useless. Cantharidal collodion in epigastrium and on nucha remained inactive. One-thirtieth grain atropine hypodermically proved ineffectual. An enema of tr. valer. ammon., ʒij, tr. belladon., ʒj, was not retained. Heat to the feet, flaggellations, whipping, dragging through the room, aqua ammonia to the nose, dashing cold water into the face, failed to arouse her. Breathing became stertorous and sank to six; pulse thready, 56; pupils closely contracted; skin clammy.

Dr. H. was called in consultation, and pro nounced the case "a comatose condition from an overdose of opium." Turpentine enemata were recommended and failed. One of tincture valer. ammon., ʒiij, tincture belladonna, ʒij, was retained. The doctor advised "push your treatment," and withdrew. More counsel was refused.

Symptoms became graver; perspiration more difficult; the pulse weaker. There were no movements; she lay in a death-like trance. The only signs of animation were an occasional sighing gasp, and the scarcely perceptible flutter of the heart. Marshall Hall's method was tried. I sent for my battery; electricity was the forlorn hope. At 10.20 A. M. her pulse was scarcely perceptible; there was a rhoncus in the throat; the system relaxed; face marble white; eyelids partly open.

The strongest currents transmitted rapidly in succession through the chest, along spinal column, and a third obliquely from xyphoid cartilage to medulla oblongata, caused a perceptible gasp, and ten minutes' hard application a feeble respiration with flapping cheeks. A full interrupted current through head elicited a feeble groan and twitching of the extremities. The lips became reddish and the face was slightly flushed; the extremities warmer; and the skin lost its clammy sensation. The blistered surface puffed up and filled with a yellowish viscid fluid. At 12 M. pulse feeble, 40; respiration 2.5; face flushed, and brow bathed in perspiration.

1 P. M. Pulse 48; respiration 3; face scarlet; conjunctiva injected; incoherent muttering. Medium current through the chest improves respiration; a strong current through the brain causes a deep groan. Gave a drachm tincture valer. ammon. with six drops tincture belladonna; swallowed with difficulty.

2 P. M. Pulse 95; respiration 5; perspiration over entire body. Aphasia; cannot stand alone; two attendants walk her. She was allowed a few whiffs of ammonia. At half-past two the pulse was fuller, and respiration better. Pupils begin to dilate; cannot keep her eyes open. Electric currents along spine and chest.

3 P.M. Pulse 82; respiration 6; pupils respond to light. Electric currents cause pain. Answers questions incoherently. Gave an emetic, and copious emesis of a peculiar amber-colored fluid, emitting an ethereal odor, followed. Gave her a cup of strong coffee, and another dose of valer. ammon. and belladonna. Stupor lessens; can keep eyes open with an effort. At five o'clock I gave her a mustard draught, and another installment of the ethereal fluid followed. Improvement more marked. Pulse 80; respiration 6; Pupils still dilating. Feels "awful sleepy" yet, and walks "in a run."

5.30. Walks with ease; very loquacious and hilarious. She drank a cup of milk.

6 o'clock. Pulse full, 80; respiration 8; pupils midryatic.

8 o'clock. Pulse 80; respiration 9; photophobia; corneæ lustrous; skin cool and moist. No cephalalgia. Her entire body is covered with an eruption of miliary vesicles, and she complains of intolerable itching. Bowels opened with an enema of salt water and turpentine.

9 o'clock. Drank a cup of tea and ate a cracker. Lemonade freely given; all alcoholic stimulants interdicted.

At eleven o'clock all drowsiness removed. Pulse 82; respiration 11; pupils very mydriatic, and throat dry.

June 11th. 1 A.M. Pulse 90; respiration 13; some fever. Drew off urine with catheter. Sleepy. Ordered her a cup of strong coffee; directed the nurses to watch her carefully, and send for me should danger threaten.

My next visit was at 7 A.M. Pulse 88; respiration 16. Has slept since one o'clock. Urine high-colored. Complains of pains in limbs and weariness. Breakfast of toast and tea. Complete recovery in three days.

When the suspicious fluid was ejected the aspect of the case became different. Here there was a substance that had neither been given nor directed to be taken. Three-eighths of a grain of morphia could scarcely have produced such alarming results. She had taken one-quarter grain frequently during her previous sickness.

There had been rumors of suicide; of course we could not credit them (?).

The non-action of vaunted antidotes against opium-poisoning was certainly peculiar. Why did the large quantity not destroy life? I think the large quantity of the liquid in the stomach paralyzed osmotic action, and by that means saved her life. Perhaps the stupes caused relaxation of the tissues, and osmosis progressed for a while; or had the morphine overwhelmed her system? That the coma was so persistent, goes to prove that both poisons act in a similar way. Electricity saved her from articulo mortis.

At first she denied having taking anything, then she admitted having taken a few drops of essence of peppermint, of which not a trace had been or could be discovered on her person, clothing, or in the room. The nurse stated that Mr. G. had brought a bottle from the drug store before daylight, but she did not know what it contained. Finally the patient admitted to have taken a few drops of Hoffman's anodyne for the cramps, after her husband had given her several teaspoonfuls for the same purpose. She also admitted having eaten a dish of strawberries for supper, and that they always gave her the cramps. "*And when my husband called you, I took several teaspoonfuls myself.*" The vial (two ounce) was found in the corner of a wardrobe, labeled *Hoffmann's Anodyne.* The druggist recognized it at once, and stated that Mr. G. had called for it between three and four o'clock in the morning; that his wife had cramps in her stomach. Mr. G. verified this statement. There were three drachms of the anodyne left in the vial, consequently *thirteen drachms* had been disposed of in an hour and a half.

Case 2.—Poisoning by Datura Stramonium Leaves and Sprouts.

On the 10th of July, 1875, 10.30 P. M., I saw Maggie S., aged 10, Irish; she was in paroxysmal spasms, eyes injected; pupils mydriatic, globes turned under upper lids, face pale, cheeks and lips intensely tumefied, the latter of an ashen hue. Breathing stertorous, spasmodic; pulse hurried, thready; partial unconsciousness. Mouth and pharynx dry, grayish and œdematous; tongue very much swollen and uvula elongated and enlarged; pillars of fauces and soft palate thick and boggy; abdomen tympanitic; stomach drawn into hard knots, which cause pain on pressure.

Parents stated that she had been away all day with other children; that she came home complaining, but took her supper, composed of greens, and soon after took cramps and got out of her head." There was no trace of a caustic alkali or an acid on her person or clothing. We diagnosed the case poisoned by eating jimpson leaves.

An emetic acting tardily, I introduced my finger into the pharynx, and a lot of green stuff, composed of beans, leaves and twigs of stramonium, was thrown up. Gave another emetic, but only some mucus and bile were ejected.

Ordered the following powder, one to be given every hour until four are taken.

℞.	Pulv. opii,	gr.$\frac{1}{3}$	
	Quin. sulph.,	gr.iss	
	Pulv. cinnamomi,	gr.j.	M.

Fresh milk internally, and an astringent wash of alum and water to fauces and tongue, warm cataplasms over lips, cheeks and anterior part of neck.

9 A. M., July 11th; pulse 85, pupils contract slowly, conjunctivæ less injected. Tympanitis subsided after giving enema. Epigastrium normal; no pain on pressure. Continue wash and milk. She had recovered completely on the next day. That she ate the weed or sprouts while away from home, is proven by the fact that no other member of the family who partook of the greens for supper was similarly affected.

Case 3.—Poisoning by Datura Stramonium Seeds.

September 21st, 1875, 9 P. M.; Mr. S. G. requested me to see his little daughter, Hattie, aged 2, at once; she had been ill since four o'clock. During the afternoon she had played with other small children among some weeds. They had given her three teaspoonfuls of castor-oil and a cup of milk, but she got worse, and they could not open her mouth. Found her in tetanic convulsions; opisthotonos, limbs jerking, face pale, eyes staring wildly, pupils mydriatic, insensible to light, pulse 180, respiration interrupted, croupy cough, skin hot and dry, abdomen large, epigastrium tender. Opened her mouth by force and gave twenty grains sulphate of zinc, followed in a few minutes by as many more, and a quantity of warm water. Violent emesis followed. The oil and milk were ejected, and ten whole stramonium seeds were found in the ejecta, besides several partly masticated seeds. A soap-sud enema caused copious purgation.

Trismus was now very slight, and opisthotonos much relieved, and the convulsions occurred at longer intervals and less violently. Two hours after I saw the case the face was red, the eyes closed and tympanitis relieved. Pulse 150; respiration 30; subsidence of cough. Give sweet milk and strong coffee, and put a sinapism over epigastrium until skin turns red. Eight hours afterward the child was perfectly conscious. Pupils contracting; skin moist; pulse 130; respiration easier. Thirty-six hours later the child was playing. In this case we relied altogether on the coffee and fresh, pure, sweet milk.

The seeds of datura stramonium have a sweetish, not unpleasant taste when they are ripe in the pod, and children, when they have once tasted sweets, will crave for more, regardless of the consequences. I doubt the toxic influence in the exterior part of the seed, and believe that the seeds are inert unless they are crushed or brought into the stomach in a pulpy state. Had the child not masticated some of the seeds she would probably have entirely escaped; the other children suffered no inconvenience.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, April 25th, 1877. Dr. E. G. Janeway, President, in the chair.

Mammary Tumor.

Dr. Sell presented a specimen of tumor of the breast, which he had removed by operation on the same day, from a lady aged fifty-five years and eight months. There was no history of hereditary taint or of injury. The tumor had commenced seven weeks previous, and was first the size of a marble; it had rapidly increased in size. The skin over the seat of the tumor had become discolored early in the progress of the disease. The rapid growth of the tumor pointed strongly to its malignancy. There was no glandular enlargement in the axilla, but enlarged lymphatics near the tumor were found and removed.

The President said that he thought the tumor was a sarcoma, from gross appearances. The specimen was referred to the Microscopical Committee for examination.

Catarrhal Phthisis, with Secondary Tuberculization.

Dr. Beverly Robinson presented specimens, with the following history: P. H., aged twenty-two years, was admitted to Charity Hospital on March 12th, 1877. His habits were intemperate, and he complained of cough and pain in his chest, with purulent expectoration. Four years previous he had contracted a chancre, which had been followed by syphilitic symptoms. All the physical signs of phthisis were found. Serous fluid was detected in the left side of the chest, and aspirated to the extent of eight ounces. Aphonia and dyspnœa were also prominent symptoms. The patient died.

Autopsy.—The laryngeal mucous membrane was congested, and upon the surface of both vocal cords longitudinal ulcerations were visible. The left lung was adherent. Both lungs were the seat of fibrous induration and cavities. Miliary granulations were found in the peritoneum and liver.

Dr. Robinson remarked that in these conditions tuberculization seemed to be secondary to the catarrhal process in the lungs, yet he thought it scarcely fair to always consider the tuberculization as secondary.

The President remarked that in many cases a caseous mass was found in the lungs, whilst gray masses were found in the peritoneum and liver at the same time. Upon the subject of aspirating fluid from the chest, he said he wished to call the attention of the society. He had lately directed his house physician in Bellevue Hospital to introduce the needle of an aspirator between the eighth and ninth ribs, in a case of pleurisy. The patient had suddenly moved during the introduction of the needle, thus breaking it. It has remained in the chest ever since. A singular coincidence connected with this case was, that previous to the introduction of the needle a systolic cardiac murmur could be heard, which has entirely disappeared since. This accident occurred in two similar cases, in Roosevelt and Charity Hospitals respectively.

Closure of Cystic Duct by a Biliary Calculus.

Dr. Austin Flint, Sr., presented a gall-stone which had been found lying in the cystic duct, thereby occluding it. The patient had died of Bright's disease, and had a dilated heart, but had given no symptoms of biliary calculus during life. This, the doctor thought, was an evidence that the presence of a calculus in the cystic duct did not always give rise to pain. Dr. Briddon said that pain was not produced when the calculus was stationary, but only during its passage through the duct.

Morbus Coxæ—Exsection.

Dr. Lewis A. Sayre exhibited fragments of the head of the femur, which he had exsected in his sixty-ninth case of morbus coxæ.

G. W. S., aged nineteen, of healthy parents; was always healthy himself until he was twelve years of age, at which period his hip was injured accidentally. He was first treated for rheumatism, then for morbus coxæ, by the application of Sayre's splint, and recovered. The same hip was injured a second time. He again improved under the same treatment, and

remained well for one year. He was injured a third time, at the age of sixteen, while he was playing foot-ball, after which sinuses formed, leading to the joint. During last September he became worse, and pus began to discharge profusely through a sinus opening in the groin. At this period he was attacked with peritonitis, from which he recovered. The patient was in a very low condition, and the operation was undertaken really as the last resource, to save his life. It was performed on the 15th of April. Pus was discharging profusely from the opening situated above the pubes. The head of the bone was very much enlarged, measuring six and a half inches in circumference. It was removed with great force, by pieces, through the acetabulum, which was perforated. On its removal the pus gushed out from an abscess situated behind the acetabulum. The patient was then placed in the wire cuirasse, and the wound filled with balsam of Peru. On the night of April 17th (three days after the operation) the patient slept comfortably, without having taken any opium. His pulse was 88. On April 24th the wound was reported by the attending physician to be filling with granulations.

Cancer of Bladder and Rectum.

Dr. Erskine Mason presented a specimen of cancer of the bladder and rectum, with a history as follows:—A man, aged forty-five, a patient in Roosevelt Hospital, gave a good family history. Four months previous to his admission into the hospital he first complained of difficulty of micturition; these symptoms had arisen after the patient's exposure to cold. The symptoms increased in severity, and were the same as those arising from vesical calculus. On February 1st, 1877, the patient was examined by the doctor. The walls of the bladder were contracted and roughened. On passing the finger into the rectum, it came in contact with an indurated mass. The lumbar glands were found enlarged. The diagnosis of cancer of the prostate gland and bladder was made. The patient died on April 15th.

Autopsy.—There was infiltration of the rectum and bladder, but none of the prostate gland. Secondary growths were found in the vicinity.

Dilatation, Hypertrophy and Valvular Disease of Heart.

Dr. A. L. Loomis presented specimens, with a history as follows:—

The patient, an inmate of Bellevue Hospital, gave no hereditary or acquired history of any disease. Four weeks before admission pain was complained of. Beneath the left nipple it was severe in character, extending down the left arm, accompanied by dyspnœa. Two days after swelling of the feet was noticed. These symptoms increased until the patient's admission into the hospital. On admission cyanosis was well marked, the respiration was labored and 48, the pulse 120, and not irregular, and the temperature normal. The countenance was anxious. A physical examination of the chest revealed feebleness of respiration, sub-crepitant râles, and dullness at the apices of both lungs. The respiratory sounds were normal elsewhere. The apex beat of the heart was diffuse, indistinct, and to the left, about one inch, of the normal line. There was increase of dullness upward in the præcordial region. A loud systolic murmur was heard at the apex, and all over the præcordial region. A less distinct systolic murmur was heard, and conveyed to the right, and beyond the median line, but was not perceptible at the apex. There was distinct epigastric and jugular pulsation. The diagnosis of tricuspid regurgitation, mitral stenosis, and hypertrophy with pulmonary œdema, was made by the Doctor. The patient was given digitalis, and improved under its use for ten days. However, signs of cyanosis, œdema of the lungs, ascites, and œdema of the feet, returned, and the patient died on April 20th.

Autopsy.—The lungs were adherent, and were both œdematous and congested. There was a considerable quantity of fluid in both pleural cavities. The upper lobe of the right lung was the seat of a recent hemorrhagic infarction. The kidneys were indurated. The liver was enlarged. The stomach and intestines were the seat of catarrhal inflammation. The left ventricle of the heart was dilated and hypertrophied. The aortic valves were adherent. There was thickening, adhesion, and retraction of the mitral valve. The chordæ tendinæ were shortened. The right ventricle was dilated, and the tricuspid valves were insufficient. The points of interest connected with this case were that no symptoms of cardiac disease had ever occurred previous to a month before the patient's admission to the hospital and the suddenness of the attack.

Dr. Flint remarked that he had been led to observe that severe symptoms in cardiac disease often arose suddenly.

The President related the case of a patient suffering from mitral stenosis, who had walked a great distance, after which she was attacked with pulmonary œdema, became cyanotic, and died one hour after admission into Bellevue Hospital.

Cerebral Hemorrhage—Aneurism of Cerebral Artery.

The President presented a specimen of aneurism of a small cerebral artery, which was filled with a clot. The history of the case was briefly as follows. A man was brought into Bellevue Hospital in an unconscious state, and died. A large hemorrhagic clot was found, occupying the corpora striata, both lateral, the third and fourth ventricles, extending to the base. The extravasation measured three inches in diameter.

Hydrophobia.

Another case of hydrophobia is reported from New York city. A boy in his fifth year was bitten, and died nine weeks later.

Editorial Department.

Periscope.

Diseases in which Galvanism is Useful.

The following list is given in the *Medical Press and Circular*, by Dr. Casey Coombs:—

Lead paralysis will not yield to faradization after a certain period has elapsed, though the continuous current (from a many-celled battery) will stimulate muscles to contraction when the interrupted (faradic) current fails; and after the use of the continuous current for a time the faradic current may be used successfully.

In this disease, and in infantile paralysis, success may be expected if the treatment is begun early. No time must be lost.

Rheumatic and hysterical paralysis are often speedily cured by faradism, but cases of the latter kind will sometimes disappoint the physician by the liability to recurrence of the symptoms; of course moral and medical treatment will be added.

Constipation, when dependent on deficient nervous power and paralysis of the bladder, sometimes yields to the faradic current.

Amenorrhœa has been most successfully treated by many physicians by electricity of great tension, obtained either from a fractional machine (Golding Bird) or from a faradic apparatus.

It is stated that just as the interrupted current stimulates the menstrual functions, so the continuous current will check menorrhagia. (There is difference of opinion on this point.)

Ergot of rye is so sure and speedy an exciter of uterine contraction that electricity has not been tried by many men. In a case of accidental hemorrhage in my own practice some ergot had been given, but the contraction of the uterus not appearing strong, I used faradism with the effect of the immediate expulsion of fœtus and placenta, and shortly after of a very large clot.

With a small pocket apparatus, such as Gaiffé's, and two electrodes, one flat (carried with wash-leather) for the abdomen, and the other shaped like a rectum-bougie for the uterus, it would be most easy to accelerate a tedious labor if ergot had failed, or if there were any reason for withholding it.

Several spasmodic diseases have been treated by electricity with excellent results, and especially in the case of writer's cramp, which requires the use of a continuous current applied to the muscles affected. Which muscles are affected the operator must first discern by carefully observing the limb while the patient makes efforts to write. Observations made by Dr. Poore and others show the increase of power in muscles while a galavnic current is being passed through them. Shaking palsy is said to be improved by Radcliffe's positive charge, if used in the earliest stages.

Electricity should be tried in asphyxia, as it has been relieved so many times by the employment of a faradic current passed through the scaleni and the diaphragm. The upper electrode should be small (a brass ball covered with moistened wash-leather is best); and if it is branched with two terminals, the current can be applied to both sides of the neck at once, a moistened sponge connected with the other end of the battery being applied to the epigastrium.

Anæsthesia of hysterical origin has lately been relieved by Prof. Charcot, by placing plates of metal over the parts affected. Cases of this kind may be benefited by faradization. But it is scarcely necessary to add that local treatment alone is not likely to be of permanent use.

The results of galvanization of the seat of pain in neuralgia have been very encouraging. Ten to twenty cells of a Daniell or Leclanché battery are employed, and the sponges are applied so as to include the painful spots between them. The application should be made daily.

The Pathology of Hydrophobia.

At the Pathological Society of London, Dr. Gowers showed a series of microscopical sections exhibiting the changes in the medulla oblongata and spinal cord in four cases of hydrophobia. The changes found resembled in the main those which have been described by Benedikt as occurring in the convolutions in the dog, and by Dr. J. Coats, in the lower centres in man. In all four cases the vessels of the gray matter were greatly distended, the distention being greatest in the medulla near the gray nuclei in the lower part of the fourth ventricle. In three of the cases the larger veins in this position presented aggregations of small cells within the perivascular lymphatic sheath. These were in some cases as a single layer, in other cases densely packed, so as to compress the vessel they surrounded. In most parts similar cells were scattered through the tissue among the nerve-elements, and in some places, chiefly in and near the hypoglossal nuclei, there were dense collections of these cells, constituting, in fact, "miliary abscesses." Adjacent to many vessels were areas of granular degeneration. In two of the cases many of the larger vessels (chiefly veins) contained clots, parts of which were evidently of ante-mortem formation, portions of the clot being different from the rest—darker, granular, and spongy in aspect. By some of these the appearance of embolism was

closely simulated. Attention was drawn to the indications of formation *in situ* afforded by the gradation between the normal and the altered clot, and by the curved lines of pressure to which the clot had been exposed immediately after its formation. One specimen presented thickening of the inner coat of a vein opposite the older part of a clot; and the clot was reduced in size correspondingly, as if formed secondarily to the change in the inner coat of the vein. In this vessel there were round cells in the perivascular sheath, and leucocytes within, accumulated in the old clot and within the substance of the swollen inner coat, affording strong evidence that the cells outside were also migrated corpuscles. The nerve cells presented comparatively slight changes, being merely slightly swollen and granular in some places, and surrounded with granular degeneration here and there. These changes were most intense in and about the hypoglossal, pneumogastric, and glosso-pharyngeal nuclei; slighter in the nuclei of the auditory, facial, and fifth nerves; slight also in the cord; and still slighter in the upper part of the pons.

On Misplaced Testes.

At a meeting of the Clinical Society of London, Mr. Edmund Owen brought before the Society an infant from the Hospital for Sick Children, Great Ormond Street, whose right testicle was situated in the perineum. He considered that no operative interference was advisable; that, if the gland were to be eventually useless, it might as well be left alone; whilst, if it were to undergo perfect development, it would be protected, in the sitting posture, by the ischial tuberosities. Mr. Owen next gave an account of the dissection of the generative apparatus of a cryptorchid. The subject was forty-eight years old at the time of his death; he had never been married; but used to live in common lodging-houses. His voice was known to have been high-pitched and harsh. The face was sleek and feminine, and the trunk and limbs, though well-developed, were thickly encased in fat. A large amount of fat lay over the pubic symphysis. The external organs of generation were puerile, and no testes could be made out until dissection showed them lying just outside the external abdominal rings. They were small and flabby, and their proper tissue was represented by yellow fat. Filiform vasa deferentia led to slender seminal vesicles. The bladder was large and the prostate extremely small. Mr. Owen considered that the dissection supported the inference drawn by John Hunter, that the penis, urethra, and all the parts connected with them would not have existed had there been no testes in the original construction of the body. In a well-known case of a cryptorchid who committed suicide, it was shown, by Sir Astley Cooper, that the testes were nearly of the same size as healthy testes. Allusion was also made to a case related by Mr. Poland, of a young man whose testes had never descended, but whose penis was well-developed, and who had all the other signs of virility. The man married at twenty, had two children by his first wife, and married again. Mr. Owen quoted Mr. Curling's opinion, as being in favor of the sterility of such men; and the late Mr. Coulson's (given in 1859), as being not absolutely against their power of procreation. He then placed cryptorchids in three classes; those who have neither the desire nor power of sexual intercourse, but resemble animals whose testes have been early removed; secondly, those who, like many eunuchs, have the desire, but whose power of fertilization fails, resembling animals which have been emasculated late in life; and, lastly, those whose testes, though undescended, may be well formed (as in Cooper's case), and secrete seminal filaments (as in Poland's case). He was of opinion that, if the subject were fat, had a puerile or harsh voice, a small penis, much adipose tissue over the pubes, a scanty amount of thready hair in that neighborhood, and little or none on the face, no spermatozoa would be discoverable by the microscope. In answer to Mr. Callender, Mr. Owen said that the testes in the dissection were covered in the ordinary way, as regards the tunica vaginalis.

Dr. Farquharson, in alluding to the case of the infant, said that he had seen an inflamed testis in the groin of a Guardsman, which presented many of the appearances of an enlarged inguinal lymphatic gland.

The Extirpation of Goitres.

Before the recent congress of German Surgeons, Professor Rose, of Zurich, gave a lecture on the "Extirpation of Goîtres." He referred to the numerous sudden deaths from goitre hitherto unexplained, and often occurring during operations; and he had come to the opinion that these arose from pressure on the trachea, which is more or less present in every case. Hardly a single goîtrous patient has a straight trachea, although it is difficult to demonstrate this by the ordinary method of removing the windpipe in necropsies. If, however, it be removed, along with the thyroid gland, and hardened, it will be seen, on transverse section, to be in every case compressed; but, unless this precaution be taken, its elasticity allows it to resume its proper form, and seem healthy. Hence the danger of chloroform in such cases. In a patient of his own, on whom he was operating for an atheromatous cyst of the scalp, and who had on his trachea one small goîtrous knot, a few breaths only were administered when the patient was dead. The small knot was found to have caused partial absorption of one tracheal ring. Dr. Rose would exercise the utmost caution in chloroforming any one with goître. He believes that the narrowing of their larynges makes the breathing always more strongly aspirating than in

health, causing dilatation of the right heart, and hence one source of death. But, besides, the trachea in that disease is softened. If one be dissected out, it will be found not only narrowed, but so flexible that it will no longer stand up, like a rigid tube, but will fall over, and bend on itself by its own weight. Hence compression and torsion of it are easy and usual; and the patients have, as a rule, flat thoraces, and breathe with the head thrown back. These conditions are so dangerous that, to avoid them, it is wise even to incur the danger of extirpating goîtres; and in carrying out the operation, he urgently recommends: first, that to avoid torsion, or misplacement of the trachea, which might be fatal, one assistant be charged with the duty of watching the position last assumed by the patient, as he sinks into sleep under chloroform, and of seeing that he is never once moved out of that position during the whole operation, as it is his only safe, because his most freely breathing, position. If vomiting set in, the patient must be turned *en masse* on his side. The danger of the operation is not the bleeding, but the condition of the trachea. Secondly, make a large incision (it can never be too large), and make cross cuts where required; and, thirdly, open the trachea below the goître; this can always be done by teasing out the goître, if necessary, and reaching the trachea below. In the discussion that followed, Langenbeck said that sometimes, where the thyroid had actually grown to the sternum, subthyroid tracheotomy was an impossibility.

The Medical Use of Aloin.

Dr. W. Craig, of Edinburgh, in a late paper, said that the chief constituents of Barbadoes aloes, so far as we know at present, are aloin, discovered, in 1851, by Messrs. Smith, chemists of Edinburgh; a volatile oil, very like oil of peppermint, but differing in its specific gravity and boiling point, discovered by the same gentleman in 1872; and resin of aloes, which deposits from the decoction on coating. The resin of aloes was believed by some to be the cause of the griping caused by aloes. This he held not to be the case, but considered that, when pure, it had no effect at all. Aloin he regarded as the active principle. Its formula was $C^{16}H^{18}O^{7}$, with an amount of water of crystallization varying according to the species from which it was obtained. It had a tonic effect in small doses, and in large ones acted on the large intestine and uterus. It had been found effective in veterinary practice; and in the case of many of his own patients he prescribed it in pill, with most beneficial effect, as follows:—aloin, one and a quarter grains; dried ferrous sulphate, one and a half grains; sulphate of quinine, one grain; extract of nux vomica, one-half grain, made up with extract of gentian. He had never seen any bad effects follow its use; and, from its small dose, absence of griping, and certain action, he held it should always be used in preference to the crude drug.

Reviews and Book Notices.

Notes on Current Medical Literature.

——The article on "Excision of the Lower End of the Rectum in Cases of Cancer," which appeared in this journal (June 9th, 1877), by Dr. John B. Roberts, has been republished in neat pamphlet form. As an able study of a new and important operation in surgery, it deserves the attention of all branches of the profession.

——Dr. Charles F. Folsom's contribution to the Massachusetts Board of Health Report, on the "Early Management, Modern Methods, etc., in the Treatment of Insanity," has been republished by A. Williams & Co., Boston. Cloth, pp. 109. Price $1.25. It is a carefully considered and opportune study of the subject, and should be read by all interested in that specialty, as also by those who have to legislate concerning it.

——Thanks are tendered for the following essays and reprints:—

"Hunyadi Janos Aperient Natural Mineral Water. An Account of its Chemical Composition, Physiological and Therapeutic Properties." By Alois Martin, M.D., Royal Medical Councillor and Professor in University of Munich.

"Analysis and Account of the Apollinaris Water. Extracts from the Notices of the Press," etc.

"Annual Announcement of the Department of Medicine and Surgery of the University of Michigan, for 1877–78.

"Heredity as a Factor in Pauperism and Crime." By Edward H. Parker, A.M., M.D.

Read before the Medical Society of the State of New York, at Albany, June 20th, 1877.

"The Proceedings of the Medical Society of the County of Kings."

Containing an article on "the Old and the New in Uterine Pathology and Therapeutics." By J. C. Skene, M.D. "The Adirondacks and Hay Fever." By R. M. Wyckoff, M.D.; and "Extirpation of Superior Maxillary Nerve and Meckel's Ganglion, for Facial Neuralgia." By G. R. Fowler, M.D.

"Charter and By-laws of the District Medical Society of the County of Camden, N. J., and Table of Fees, 1877."

"Case of Aneurism of the Hepatic Artery, with Multiple Abscess of the Liver." By George Ross, A.M., M.D., and William Osler, M.D., L.R.C.P., London.

A reprint from *Canada Medical and Surgical Journal*, July 1877.

"The Use of the Obstetric Forceps in Abbreviating the Second Stage of Labor." By Edward S. Dunster, M.D.

"The Frequent Association of Disease of the Ear with Insanity."

Read before the Association of Superintendents of American Institutions for the Insane, at the meeting held at St. Louis, Missouri, May 1877. By Dr. George C. Catlett, Superintendent Lunatic Asylum, No. 2, St. Joseph, Mo.

BOOK NOTICES.

The Practitioner's Reference Book. Adapted to the use of the Physician, the Pharmacist and the Student. By Richard J. Dunglison, M. D. Philadelphia, Lindsay & Blakiston, 1877. Cloth, 8vo, pp. 341. Price $3.50.

The scope of this book can best be shown by quoting from its table of contents. It commences with the Hippocratic oath; then follow a number of tables of weights and measures, metrical measures, etc.; the solubility of medicines in water, alcohol, etc.; abbreviations in common use; thermometric scales; doses of medicines for children and adults; doses for hypodermic injections; doses for inhalation, gargles, collyria, injections, suppositories, enemata; baths; prescriptions; rules for the management of infants during the hot season; a tabular view of eruptive fevers; obstetric memoranda; rules for diagnosis of uterine diseases; for clinical examination of urine; poisons, and their antidotes; directions for restoring the drowned; disinfectants and their use; dietetic rules and precepts; special forms of diet; rules for testing impure water; and finally, full directions for conducting a post-mortem examination.

Though the book is obviously a compilation, it is a good and useful one, handy to have on the table, and containing a good deal that one would be at a loss where to find on a moment's warning.

An Introduction to Practical Histology. By George Thin, M. D. 8vo, cloth. pp. 146. Bailliere & Co., London.

To those for whom the heavy works of Frey and Wagner are too formidable, we would recommend this convenient hand-book of Dr. Thin. It is clearly written, well illustrated and handsomely printed. It is especially designed for those who are beginning practical work with the microscope; but there is a great deal in it which the experienced histologist will find it worth while to read. The author has embodied the latest fruits of the researches in Germany, where histology is now pursued with the greatest ardor.

Fruit and Bread—A Scientific Diet. By Gustav Schlickeysen. Translated from the German by M. L. Holbrook, M. D. M. L. Holbrook & Co., New York.

A brief synopsis is thus stated in the concluding pages: 1. According to the results of scientific study, man is by nature frugivorous, and this is in harmony with his instincts and feelings. Any departure from this must prove injurious to the health, and to the mental and moral nature. 2. Climate and surroundings cannot change the nature of man with regard to food. 3. The use of flesh food has a corrupting influence on the body, is distasteful to the sensitive nature, and in causing the death of the animal is immoral, for the work of the butcher is inhuman and barbarous. 4. There is no further necessity of continuing a flesh diet in middle Europe or America, as we can, from our present supply of fruits, nuts and grains, live on bread and fruit for at least nine months of the year, and by proper care may extend this time to fully twelve months. 5. The wise adoption of the fruit and bread diet would ultimately result in a great physical and social benefit to mankind. 6. The only excuse for using flesh is a scarcity of other food." The author finally claims that the fruit and bread diet answers all the requirements of nature, and is in beautiful harmony with her laws.

Aids to Botany. By C. E. Armand Semple, B. A., etc. pp. 56.

Aids to Chemistry. By the same. pp. 64. Bailliere, Tindall & Cox, London.

These little books have been prepared by the author as helps to students, especially medical students, who are fitting themselves for their examination. They appear to be correct and lucid, which are the two great qualities needed in manuals of the sort.

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D. G. BRINTON, M.D., EDITOR.

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MEDICINE AND STATESMANSHIP.

One of the gratifying proofs of growing enlightenment is the larger importance which sanitary measures assume in the opinion of eminent statesmen. Some months ago we quoted, on this subject, the expressions of Mr. Gladstone; and now we shall not deny ourselves the pleasure of corroborating the opinion he advanced by the testimony of his great rival, Mr. Disraeli, now known as the Earl of Beaconsfield.

Last June this distinguished leader delivered an address at the opening of some model houses for working men, during which he made use of the following pointed and most true remarks:—

"The health of the people is really the foundation upon which all their happiness, and all their power as a State, depend. It is quite possible for a kingdom to be inhabited by an able and active population. You may have skillful manufacturers, you may have a productive agriculture, the arts may flourish, architecture may cover your land with palaces and temples, you may have even material power to defend and support all these acquisitions, you may have arms of precision and fleets of fish torpedoes; but if the population of that country is stationary, or yearly diminishes—if, while it diminishes in number it diminishes also in stature and in strength—that country is ultimately doomed. And, speaking to those who, I hope, are not ashamed to say that they are proud of the Empire to which they belong and which their ancestors created, I recommend to them, by all means in their power, to assist the movement which is now prevalent in this country for improving the condition of the people and ameliorating the dwellings in which they live. The health of the people is, in my opinion, therefore, the first duty of a statesman. Impressed with that consideration, I have endeavored, however humbly, at all times to assist the movements of this character, and I am confident that there is no object of higher importance to engage the interests of society."

While, as we say, every *enlightened statesman* acknowledges the truth of these principles of government, it is far otherwise with the mere politicians whom it is our misfortune usually to have to represent us in Congress and legislatures. Nearly always they look on all sanitary legislation as useless, or as a "doctors' job," which they don't propose to pass unless they see "money in it." Witness the refusal of the last legislature of this State to pass the appropriation for the hospitals; the neglect to appoint State Boards of Health in this and many other States; the unwillingness to make vaccination compulsory; the carelessness, indeed, of nearly every sanitary interest, not to speak of bills regulating the profession itself, a class of bills which we, for one, have given up advocating, on account of the partiality of legislatures for charlatanry.

It is hardly better in France. The last chamber of Deputies in that country numbered a great many medical members, who had formed a group for the purpose of investigating questions connected with medicine or the public health, and bringing them to the notice of their lay colleagues, or proposing bills, if possible. They were full of good intentions, but were not able to accomplish much. On many questions they were divided among themselves, and in some way they were viewed with mistrust by their lay colleagues, who suspected interested motives, and thought *qu'ils plaid-*

aient pour leur paroisse. They were able, however, to effect some good by ventilating many subjects, by accustoming the chambers to consult the profession and to take cognizance of matters of public health and medicine; and two of the laws which were voted—that for the repression of drunkenness and that for the protection of infancy—bore the name of "laws of Dr. THEOPHILE RUSSEL," one of the most influential members of the parliamentary medical group.

It will be generations, perhaps, before the average legislator will, on this subject, see with the clear vision of a GLADSTONE or a DISRAELI; but until he does, we have no claim to be a really civilized nation, nor have we a right to hold our government as a model one, when it neglects this, the most important, almost, of its duties.

NOTES AND COMMENTS.

Sanitary Teachers.

Dr. James McIntosh, in his address as President of the South Carolina Medical Association, 1876, says, in regard to imparting information to the public:—"We are not practitioners of medicine only, but teachers of hygiene, and provided the lessons are plain and practical, we will find the public an apt scholar, one, though, that will be led, not driven, a scholar seeking knowledge he knows not how to find; which knowledge we can in a great measure utilize for him, from the stores at our command, with no derogation to the profession, but with a good result that would be of lasting benefit to both."

Albuminous Urine in Intermittent Fever.

At the Caucasian Medical Society, Dr. Schoskovski read a paper on this subject, in which he stated that he had treated for intermittent fever one hundred and fifty-four soldiers in the military hospital at Kussan, which is surrounded by marshes, and where 80 per cent. of the affections are due to malaria. He found—1. That more than half of the whole number of cases of intermittent fever exhibited occasional albuminuria. 2. In cases in which there have been frequent relapses, and cachexia has become developed, albumen is almost always found. 3. In recent cases, or if only a few relapses have occurred, albumen is seldom met with. When it is found it coexists with depression of power, consequent on extreme severity of the attack, accompanied by a higher temperature or preceded by other "infectious" disease. Albumen is especially met with in the remittent type, and oftener in quotidian than in tertian fever.

Causes of Cholera Infantum.

The Massachusetts Board of Health Report states some causes of this disease:—

1. Long-continued and excessive heat, acting on children who have been nourished on artificial food, in crowded and badly ventilated rooms; exposed to decaying animal and vegetable matters, bad drainage, putrefying excrement, and water contaminated with putrescent animal matter, especially soakage from privies.

2. Offal thrown out of tenement houses, being allowed to remain and decompose.

3. Very hot weather in conjunction with unsuitable food and contaminated air; absence of sunlight; defective drainage and overcrowding; as also privies and swill pails.

4. Overcrowded, dark, badly-drained houses.

5. Errors in diet. Of two hundred nursing bottles examined, but twenty were proved free from fungi.

6. Exposure to the heat of a cooking stove in rooms in the second and third story.

7. Teething infants, fed artificially upon bad food.

An Epidemic of Paralysis.

Foreign exchanges give us a description of a peculiar form of epidemic paralysis occurring in the village of Aryannon, on the Tage, in the Spanish province of Guadalajara, and in other localities, attacking all ages and both sexes, but chiefly those of robust constitution. The lower limbs become first feeble, and then paralyzed, with formications, cramps, tremor and pain. The paralysis is never complete, and the flexor muscles are more affected than the extensors. The paralysis includes the sphincter of the bladder, but not that of the rectum. Muscular co-ordination and contractility, as tested by electricity, remain intact; and cutaneous sensibility is normal. The progress of the disease may be acute or chronic. The

nature of this extraordinary form of paralysis is still obscure. The Spanish physicians think it is owing to an alteration in the anterior columns of the spinal marrow, while others regard it as similar to the acrodynia which appeared in Paris in 1828.

Spores.

In microscopical examinations, spores may be confounded with fat globules, blood-disks, nuclei of epithelium cells, pus globules, etc. The diagnosis can be absolutely determined only by the use of reagents.

Spores are unaffected by ether, chloroform and alcohol. These dissolve fat cells and render epithelium transparent.

Ammonia makes spores a little more colorless. It dissolves pus, and secretions of eruptive diseases, making a gelatinous mass. Hot solution of potash with alcohol dissolves impetiginous crusts, fat, pus, hair and epithelium. Acids destroy earthy particles.

Vesicating Property of the Ranunculus.

In case of emergency, wishing to produce a blister, and having no cerate of Spanish fly, any member of the Ranunculaceæ will do the work, and will not produce strangury. This acridity is present only in the green state of the plant. Cooking destroys the active principle. Children being attracted by the bright yellow of the butter cup, have been enticed to eat and swallow some of the flowers, and several instances are known, by rural doctors, where quite violent irritating effects have been produced.

Podophyllin.

Professor Rothrock states that one fact in regard to the May apple is often overlooked, and that is, that the leaves are just as active as the root. If the leaves are cooked, and eaten as a pot-herb, very violent and dangerous symptoms may be produced. The same fact holds true of *bloodroot*, the leaves being as active as the root.

Human Vampires.

The last sensation in medical matters is sent us by a correspondent, who takes it from the *Christian*, published at Boston. It reads as follows:—

"Blood drinking has become quite popular of late years, and many invalids daily visit the abattoirs of New York for the purpose of drinking the warm life-blood of the ox. It is a fact not generally known, however, that this appetite for blood increases upon those who indulge in it. Women, who at first quaff with repugnance and some horror a wineglass of the warm crimson gore, gradually acquire a craving for it, and take down a tumblerful with evident relish. Parties under this blood spell, almost invariably manifest a desire to try the effect of human blood. Two cases of this kind have been reported in New York."

The cases are sufficiently horrible, a monomania for human blood being developed which required absolute restraint.

Lamprey Oil as a Substitute for Cod-liver Oil.

A German physician, Dr. Markenot, has succeeded in purifying the oil extracted from lampreys (which, in its crude form, has been long employed in Russia for industrial purposes), and thereby prepared an oil which he thinks may often be substituted with advantage for *oleum jecoris aselli*. It is said to be of a not unpleasant taste, to be easily digestible, and to have an analeptic action even superior to its rival. It also contains a larger percentage of iodine. It has somewhat the appearance of salad oil, and is not so thick as cod-liver oil, which many patients will esteem an advantage.

Treatment of Distemper.

It will be interesting to lovers of the canine species to hear of a simple remedy for distemper. At the quarterly meeting of the Scottish Metropolitan Veterinary Medical Society, Mr. Baird mentioned the case of a collie dog in the last stage of the disease, and which its owner had determined to destroy. Shortly after being treated with doses of strong coffee and a little sweet milk, the animal, however, so far recovered as to be able to stand and walk. The chairman of the meeting said the case seemed almost unique.

Effects on Health, of Bad Drainage.

The Massachusetts Board of Health Report says:—"It is no new idea that good sewerage and drainage are essential to health. As far back as 1834 one of the leading medical men of London gave his evidence that four-fifths of the cases of typhus fever (probably typhoid, as the two diseases were not distinguished then) which he witnessed he could trace to foul drains and

foul gullies; and even if, in an attempt to cleanse houses, we foul rivers, should we not ask, with one of the first living sanitarians, 'Whether it is better to pollute rivers, or pollute houses or towns? to kill fish or to kill men?'"

Deaths from Lightning.

It is stated that three-fourths of deaths from lightning are males, by reason of their more frequent exposure in open fields, etc. It is well to bear in mind, moreover, that death may be produced without there being any marks of the electric fluid upon the body. There are no positive internal post-mortem signs. The brain is not ruptured, and the blood, contrary to the belief of many, does coagulate after death. Decomposition is a little more rapid.

Correspondence.

Medical Charities.

Ed. Med. and Surg. Reporter:—

From observation which considerable service in connection with one of our dispensaries has afforded, I am compelled to differ from the conclusions stated by a recent writer in your journal. It is my belief that *over* four-fifths of the patients treated at the institution with which I am familiar are *entirely worthy ob jects of charity.*

This estimate was more than confirmed by the result of an investigation made by the Board of Managers of the institution about a year ago. A competent and trustworthy person was employed to look up about three hundred names, taken consecutively from the register of patients. He reported less than two per cent. whom he had reason to believe were in a condition to pay for professional services.

No one disputes the right, nor charitable motives of some of our religious, beneficial and secret societies, in making provisions for their poor, including the employment of a medical officer to attend their sick. But for the large number of worthy poor who do not belong to any of these organizations there would be no provision were it not for the existence of our private charities.

The beneficiaries of these voluntary organizations embrace "those whose means, with all their exertions, are barely adequate to their support, so that when sickness overtakes them they find themselves not only disqualified for their usual occupations and means of support, but utterly unable to incur the extra expense attendant upon it; and however willing and ready their physician may be to respond to their call, they have no means to purchase the necessary medicines required. A little assistance during their temporary distress, and timely and efficient medical advice and medicine, would prevent them from becoming permanently dependent upon "public charity" This class are not paupers, never were, and have no intention of becoming so.

It cannot be denied that the contributors to such charities have a right to recommend any one deemed by them worthy of their benefits, and to feel that the support of such charities is as much a benevolent act on their part as it would be for the physician to render free professional services to relatives or friends in similar distress.

Those who have reason to believe that our Medical Charities afford relief to a large number that should pay for professional services, should seek to have the matter *properly* investigated, say by the County Medical Society. A committee should be appointed and empowered to investigate cases from our dispensaries, hospitals and college clinics; and if abuses are found, to suggest the proper remedy.

It is my conviction that the legitimate incomes of physicians are not materially diminished by the abuse of Medical Charities. There are other causes that lessen their revenue, to which I will briefly allude:—

1. The large amount of business flowing into the hands of irregular practitioners.

2. Self prescribing by a large number of people. The increasing knowledge of the effect of medicine on the part of the public favors this. Take intermittent fever; the remedies for it are probably more often purchased without a prescription from a physician than with it; and so of many other ailments.

3. The large increase in the sale of quack and proprietary medicines.

4. Counter prescribing by apothecaries, thus encroaching on the legitimate sphere of the physician.

As a remedy (to a certain extent) for these abuses, physicians should return to the former custom, of dispensing their own prescriptions. To the young practitioner the moderate fee, including the medicine, received from the patient at every visit, would soon establish him. To those of large practice a qualified medical assistant would be required, who should also become an expert pharmacist and a graduate of the College of Pharmacy. He would render valuable services to the physician in many ways, and by faithfulness and devotion to his duties be encouraged to look forward to partnership or successorship.

While the carrying out of this plan might lessen the number of retail drug stores, those engaged in the selection, preservation and manufacture of drugs and chemicals would have more business, because there would be a greater consumption, in consequence of the increase of the legitimate practice of medicine. The relations of physicians and pharmacists, now growing more asunder, would again become cordial, as both professions would be moving toward the attainment of a true medical science and practice. Very respectfully,

Charles Carter, M. D.,

July 30th, 1877. 610 Fairmount ave.

News and Miscellany.

Personal.

—Among those who distinguished themselves by their coolness and bravery during the recent campaign of the First Division of the Pennsylvania National Guard was Dr. Charles S. Turnbull, of this city, one of our contributors, and the son of Dr. Laurence Turnbull, well known to the readers of the Reporter and to the profession in general. He went out as Assistant Surgeon to the First Regiment, but for a portion of the time acted as regimental, and subsequently as brigade surgeon, remaining at his post, and doing good service during the dangers of the street fight, the round-house, Pittsburgh, the perilous march to Sharpsburgh, and the final movements of the Division at Pittsburgh and Scranton.

—Dr. Lewis A. Sayre, of the Bellevue Hospital, New York, has been in London for the purpose of demonstrating practically his mode of treatment of Pott's disease of the spine and lateral curvature. At the invitation of the surgical staff of University College Hospital, he gave a practical demonstration of his method before a numerous professional audience.

—Dr. T. D. Crothers, Assistant Physician at the Binghamton State Inebriate Asylum, has resigned, to become Superintendent of the Asylum at Walnut Hill, Hartford, Conn., which will be opened for the reception of patients the 1st of October. All correspondents are requested to address him at the latter place.

—Mdlle. Zenaide Ocumkoff has just successfully presented her thesis for admission to the doctor's degree, to the Paris Faculty of Medicine. The subject of her thesis was, "On the rôle of Ether in Subcutaneous Injections, and of the use which may be made of it as a supplement to tranfusion of the blood."

—Politics, for physicians, seems to pay as poorly as practice. Dr. Acker prints a card, in which he announces himself as a candidate for sheriff of Montgomery county, Pa., and says he seeks the position because he needs it, having nothing left after twenty-four years' service in behalf of the party.

—Dr. J. B. Armstrong, a leading physician of Terra Haute, Indiana, was shot and killed in the northern suburbs of that place on August 7th. The cause of the murder is a mystery.

—The Chair of Theory and Practice in the Medical Department of Yale College has been offered to Dr. G. W. Russell, of Hartford, Conn.

Plague in Persia.

A telegram from Teheran, under date July 7th, announces that a very general exodus is proceeding from Resht, in consequence of the prevalence of the plague at that place. No official statistics have been issued; but the number of cases is believed to be from twenty to thirty daily.

Diploma Vending.

The traders in diplomas seem to have "gone West." Monsieur E. E. Lavitte, of Cincinnati, is now the man to go to, since old Dr. Buchanan got into such very hot water. Mons. Lavitte has put down the price to $25, probably in view of the "prevailing stringency." If the Cincinnati Academy of Medicine will take the matter in hand, we shall be pleased to put some documents at their disposal to work with.

Sunstroke in Paris.

According to an official report, at the review which took place on Sunday, July 1st., at the Bois de Boulogne, and at which were present about 40,000 men of all arms, one hundred and two were struck down by the sun. Of these eighty-four had to be sent on to Val-de-Grâce, whereas the others, after appropriate treatment, were soon able to rejoin their respective regiments. Among the spectators, of whom there was an enormous assemblage on the grounds, ten persons were struck down.

Burning of a Hospital.

St. Louis, August 6.—St. Boniface's Hospital, under the management of the Sisters of the Franciscan Order, situated in South St. Louis, was to-day totally destroyed by fire. All the patients were safely removed. The building and furniture cost $40,000 three years ago.

OBITUARY.

DR. ABRAM SAGER.

In the death of Dr. Sager, of the University of Michigan, the West loses one of its most eminent physicians and scientists. Dr. Sager was born at Bethlehem, Albany county, N. Y., December 22, 1810. He was graduated from the Polytechnic School at Troy, in 1831. Subsequently he attended lectures at the Albany Medical School and at Castleton, Vt., graduating from the latter institution in 1835. While at Troy he cultivated a taste for the study of botany and zoology, which afterwards became specialties with him. The Sager Herbarium, now in the University of Michigan, contains 1200 species and 12,000 specimens. As chief in charge of the Botanical and Zoological Departments of the Michigan Survey, he made a large collection of specimens in zoology. From 1845 to 1855 Dr. Sager was professor of his specialties in the University of Michigan, besides being Dean of the Medical Faculty, which latter position he held after he had ceased active duties as an instructor. Dr. Sager was a member of many learned societies in this country, and a contributor to our leading medical and scientific journals.

DR. ALPHEUS BENNING CROSBY,

who died at Hanover, N. H., last week, after a brief illness, was the second son of the late Dr. Dixi Crosby, for many years the leading professor in the medical department of Dartmouth College, and one one of the most eminent practitioners and medical authors of New England. Dr. Crosby was born in Gilmanton, N. H., in 1832. He was graduated in both the Academic and Medical departments of Dartmouth College, and was afterwards appointed to a Professorship in the latter department. At the same time he occupied a chair in the Medical Department of the University of Vermont. In 1871 he accepted a Professorship in the Long Island Medical College, and afterwards the chair of Anatomy at Bellevue College. During his residence in New York he attained a prominent place in the profession.

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A WEEKLY JOURNAL.

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THE
MEDICAL AND SURGICAL REPORTER.

No. 1069.] PHILADELPHIA, AUG. 25, 1877. [Vol. XXXVII.—No. 8.

Original Department.

Communications.

THE DANGERS OF EXPECTORATION.

BY GEORGE B. H. SWAYZE, M.D.,
Of Philadelphia.

In certain well-known diseases a special danger of death is in the spittle. By "spittle," as here employed, is not meant merely the saliva that flows from the salivary glands; but the added secretions of the mouth and throat, and such *materies morbi* as reach these parts in consequence of disease.

The evident purpose of the salivary secretion being to moisten food during mastication, and to promote the digestive process, the impression prevails that the saliva, or "spittle," rather, should be habitually swallowed; but unless the teeth and mouth have the advantage of creditable cleanliness, and be free from disease, the habitual swallowing of spittle cannot always prove beneficial.

Since the aliment taken into the stomach must furnish the blood with material to nourish the entire organism of the body, it requires no argument to demonstrate that impure, diseased, putrid matters mixed with the food, either in the mouth or stomach, must prove obnoxious to a healthy condition of the system at any time, and seriously interfere with recovery in cases of illness. While physiological activities may elect the appropriation of assimilable material for the processes of nutrition, it is impossible for these functions to be so acute in their perceptions as to prevent the introduction into the blood of morbid or poisonous elements. The rapid effects on the human organism of narcotic and other poisons, when taken by accident or for suicidal purposes, illustrate in how short a time the vital forces are impaired by obnoxious ingesta.

The habitual swallowing of saliva mixed with offensive accumulations from neglect of cleanliness, decaying teeth, disease of the mouth, or with discharges from the nostrils, as in coryza and chronic nasal catarrh, must continually vitiate the pabulum of the blood. Catarrhal disorders of the fauces, trachea and bronchi are attended with more or less defluxion from those parts, which, if habitually swallowed and conveyed to the blood in any proportion, must naturally tend to augment the gravity and duration of the diseased condition. The products of disease returned to the vascular circulation must essentially vitiate the circulation and produce an increase of the severity and danger of disease. This morbid condition also frequently produces serious complications of disease.

In malignant scarlatina and diphtheria, when death does not speedily result from overwhelming shock and blood poison, the continuous swallowing by the patient of the putrescent matters that drain from the nares and fauces frequently constitutes the principal danger of dissolution. It is seldom that children under the age of eight years can be induced to make available efforts to expectorate the profuse accumulations, common in bad cases of these diseases. Sometimes there is disorganization of tissue and sloughing; abscesses form in the tonsils, and empty their discharges down the œsophagus; purulent, fetid matter is continually drained from diseased nostrils into the

throat, and swallowed; thus the alimentary canal of the child becomes the common receptacle of the rottenness of disease; and the latter is there mixed indiscriminately with all the medicine and nourishment given for the benefit of the patient, and steadily contaminates the blood-supply that must be distributed to every organ, and impairs vitality with nearly resistless certainty.

In grave cases of scarlatina and diphtheria, in most young children, nothing is ejected from the mouth and throat, except the relatively small quantity removed with the sponge. When, in endeavoring to clear the throat, the presence of the sponge has caused the little patient to vomit, I have sometimes been surprised at the quantity of mucus and pus-like matter ejected from the stomach. Even larger children and adults, unless specially cautioned against the habit, will inadvertently allow themselves to swallow the vitiating accumulations that should be scrupulously expectorated. Besides disordering the stomach and impairing the appetite, the presence of these matters in the alimentary canal often produces irritation of the bowels, and painful diarrhœa, with most offensive stools. Abscesses, running sores, sore eyes, offensive discharges from the ears, and other dreaded sequela, that so often follow scarlet fever, etc., may undoubtedly have their principal origin in vitiation of blood from the causes indicated.

Cases of bronchitis, pneumonia, and phthisis, in particular, would be more easily managed could the system escape the additional burden of the re-introduction of the products of these diseases that appear in the expectoration. Few persons, according to my observations, affected with any chronic pectoral disease, including cases of phthisis pulmonalis, exercise extreme caution against swallowing portions of the matter expectorated. In numerous cases the opposite practice prevails. Subjects of phthisis, in its earlier stages, are often so situated socially, as when at church or "in company," that it is inconvenient and unseemly to expectorate; and to avoid particular notice, or in order to partially conceal their complaint, they swallow matter expectorated by an occasional cough, little dreaming how rapidly they are multiplying the seeds of disease, and adding fuel to the tell-tale hectic that imparts to their cheek its unnatural flush. Unless the inevitable mischief of the habit be pointed out by the wise physician, few subjects of phthisis have any just conception of the harm they are constantly doing themselves by this thoughtless, disgusting practice.

A serious and frequent complication of consumption is the occurrence of exhaustive, often painful, diarrhœa. The intestinal track becomes sometimes so sensitive that neither food nor drink can be taken without the immediate occurrence of acute pain and alvine evacuations. A recent patient of my own actually dreaded to attempt to take nourishment, in consequence of her resulting discomfort and annoyance.

Watson speaks of diarrhœa as "a common and ugly symptom in phthisis, that is apt to harass the patient exceedingly, and rapidly waste his strength and flesh." This accomplished author seems at a loss how to account for the diarrhœa and the fever of phthisis. I have no doubt the true relation of the diarrhœa characterized as a symptom in phthisis is that of a complication resulting from the presence in the alimentary canal of muco-purulent and purulent matter expectorated from the diseased lung and swallowed by the patient. Wood speaks of the stomach and bowels becoming involved in an advanced period of the second stage of phthisis, the patient suffering frequent attacks of diarrhœa, and of nausea and vomiting; but he makes no suggestion as to the direct cause. Professor Dickson, referring to phthisis, says "the patient is harassed with frequent, loose, and often painful stools;" but he does not explain the reason.

It is impossible to believe that purulent matter can be more or less continually introduced into the alimentary canal without inducing local disorder; and it is self evident that the introduction of such matter into the blood current through this channel must rapidly deprave its quality, result in mal-nutrition, impaired function, and disease of organs and structures besides the lungs.

We sometimes hear of "consumption of the bowels;" the idea being that the disease has specially fixed itself on the bowels. It is perfectly clear to the writer's mind how the disease of the lung may be readily engrafted upon the bowels by the process already indicated in these lines; and how, more remotely, through vitiated nutrition, the integrity and functions of all other organs may be impaired. Authors have been somewhat puzzled to satisfactorily account for the febrile action termed *hectic*,

which is a characteristic of phthisis. Watson says this hectic condition is a matter of great moment, on account of its relation to the exhausting sweats. "There is," he says, "a good deal of uncertainty about this symptom, and of obscurity as to its cause." He further observes that the copious perspiration seems to have a close relation to the sleep of the patient. But these points are relieved of obscurity when we remember that most individuals, from infancy to old age, are disposed to perspire when sleeping, though in perfect health; that the profuseness of the perspiration of consumptives is enhanced by their debility; that febrile action is naturally succeeded by reaction and diaphoresis; that purulent expectoration carried into the alimentary canal, and reaching, in some proportion, the circulating blood, must naturally promote febrile excitement, and symptoms termed "hectic," in some ratio to the quantity of matter swallowed; that the "capriciousness" of hectic would materially depend upon the relative quantity of pus swallowed by the patient; that this quantity would further depend upon the existing stage of disorganization occurring in the lung, upon the character of the sputa, and upon the degree of caution exercised by the patient.

Without doubt, an indefinite quantity of pus reaches the local circulation at the location of lesion in the lung; but the proportion that thus finds its way into the arterial circulation is utterly insignificant, compared with the quantity taken up from the alimentary channel. Therefore, while the opinion that the hectic condition results from the absorption of pus at the location of its origin is undoubtedly correct as far as it goes, it is evident that in phthisis an earlier and more prolific source of hectic is in the expectoration swallowed.

It is impossible to exactly define to what extent the gravity and danger of the diseases indicated would be reduced, could the system be wholly exempt from the depraving and depressing tendencies of the reintroduction of pernicious defluxions of these diseases, thus affording the remedies administered free course for legitimate action, and leaving the patient in fair position to derive healing and strength from the uncontaminated pabulum of the food he takes.

A word in regard to remedies. The generally approved treatment in scarlet fever and diphtheria embraces the free employment of the chlorides, including tinct. ferri chlor. and quinine. Careful observation has demonstrated that all preparations containing chlorine are useful. Just how these remedies promoted cure has not been very definitely explained. But the accepted understanding has correctly been that in some way they counteracted the blood-poisoning with which these diseases are undoubtedly attended. Now, when we bear in mind that this line of remedies is specifically disinfectant, antiseptic and preservative, their modus operandi in relieving diphtheria and scarlet fever is clear enough. Without the chlorides to counteract the destructive tendencies of the putrescent matters that reach the stomach and blood in many of these cases, we would be literally without a remedy. Quinine possesses not only antiseptic virtue, but is a powerful preserver of vital energy. And it is worthy of note, that the same class of remedies above indicated stand prominent in the rational treatment of phthisis. Why this is the case must already be apparent to every reflecting reader.

CASES OF SICKNESS TREATED AT THE KUMYSS INSTITUTION, AT MOSCOW.

COMMUNICATED BY DR. STAHLBERG,

Presiding Physician of the Institution.

Case 1.—Mrs. L., forty-four years of age, of a delicate bodily constitution, and a pale-yellowish complexion, has suffered twenty years, since the birth of her second child, with general weakness. Tabes was supposed to be the cause, and by way of remedy numerous leeches were applied at different times. Frequently she was attacked by metrorrhagia, lasting at times for two months, after which the menstruation always proved profuse, and invariably of two weeks' duration. At present she complains of pains in the breast, while at times she spits blood. Furthermore, she complains of violent dyspnœa and extraordinary debility. The menstruation ceased a year ago; her sleep is restless; and at times the patient suffers palpitation of the heart. Formerly she was inclined to constipation, which proved very annoying to her. All the remedies used (pharmaceutical as well as mineral water cures) seemed of but little avail. Her bodily weight amounts to 48,396 grammes; spirometer exhalation 80 cubic inches. The pulse is small, 84 strokes per minute.

Percussion.—In the left infraclavicular region, to the third rib, the sound is more hollow than that in the corresponding place of the right side.

Auscultation.—In the reg. infraclav. sinistra undefined breathing; in the lower flap at exhalation rhonchi sicci; in reg. infraspinata sinistra rhonchi sicci.

Diagnosis.—Anæmia, catarrhus bronchi chronicus.

After a six weeks' kumyss treatment, with a quantity of two bottles per day, patient had recovered in a degree eliciting the profound astonishment of those of her relatives that had eagerly watched the treatment; her complexion having assumed a healthy appearance, her cheeks being decked with a rosy hue, while her former bony form had changed into a plumpness, making her appear many years younger. More than two bottles, however, the patient could not drink, since a third one would create palpitation of the heart and other unpleasant symptoms. By the way, a very rare case.

After her cure her bodily weight amounted to 55,630 grammes, consequently showing a gain of 7234 grammes. In the organs of the breast no anomalous sounds could be perceived, except the breathing in the extremity of the left lung being a little weaker than in that of the right side. Spirometer 110 cubic inches. The pulse full and soft, 72 strokes. The patient now enjoys complete health, and has not lost the least in fullness of body.

Case 2.—Mrs. H., twenty-five years of age and married, has given birth twice. She is of medium constitution, with a pale skin and mucous membranes. When yet a girl she was pale and sickly, and subject to frequent palpitation of the heart and hysterical attacks. The menstruation appeared in her ninth year, and although it ceases at times, is nevertheless connected with severe headache, lasting from two to three days. The menstruation is profuse. Since her fourteenth year the whites appeared, by which the patient is still troubled at the present time. Frequently, and especially during winter and spring, she suffers with pains in the breast, accompanied by a dry cough, while in the morning she expectorates a clammy phlegm. After the birth of her last child (four years ago) she acquired an incomplete descensus uteri, a phenomenon which, in the opinion of an accoucheur, excluded the possibility of any future pregnancy. The father of the patient had died with chronic consumption, and her mother with apoplexy. Bodily weight, 49,744 grammes. Spirometer exhalation 140 cubic inches; the pulse small, 80 strokes per minute.

Percussion.—A trifling hollowness in the extremity of the right lung.

Auscultation.—In reg. infraclav. dextra feeble vesicular breathing. Exhalation saccadated. All the rest in a normal state.

Diagnosis.—Anæmia, predisposition to phthisis.

After a treatment of forty-five days the complexion of the face changed from the former paleness into a rosy color, the faded form assumed a fullness, the menstruation was no longer coupled with headache or palpitation of the heart, while the whites disappeared altogether during the second week of the treatment. Bodily weight 52,821 grammes, showing, consequently, a gain of 3107 grammes. Pulse full, 70 strokes. Spirometer 174 cubic inches. The breathing in the extremity of the right lung is easier, and the saccadated exhalation can no longer be heard. At the present the patient is well and hearty, and in the sixth month of pregnancy.

Case 3.—Mrs. S., 29 years of age, of medium constitution; has three children. The father died with consumption, while the mother is still living. After the last confinement, with twins, two years ago, the patient became subject to metrorrhagia, and ever since has been troubled with dyspnœa and a periodical ejection, occasionally coupled with hæmoptysis, while her weakness and leanness are remarkably excessive. The symptoms increased in violence, while the bodily strength decreased in such a degree as to disable the patient to keep upon her feet. After having availed herself of a mineral-water-cure treatment, the condition of the patient improved slightly. Last fall but one she incurred a fresh cold, resulting in cough, with spitting of blood, etc. These threatening symptoms were removed by pharmaceutical means. In the course of the past year she again became subject to frequent attacks of spitting blood. Her attending physician describes her condition thus: Tussis frequens cum sputis puriformibus et sanguinolentibus. In parte anteriore sinistra thoracis ab clavicula usque ad marginem superiorem costæ tertiæ sonus obtusus, inspiratio et expiratio bronchialis, a tergo ab apice usque ad christam transveram scapulæ sonus obtusus, in tota

parte infiltrata inspiratio et expiratio bronchialis et ad apicem cavernosa. In apice pulmonis dextri inspiratio innominata, expiratio debilis; pulsus 120, respirationes 30, lingua subsicca, appetitus nullus.

The treatment with whey showed apparent beneficial results regarding the comfort of the patient: the cough became less frequent and violent; the ejection a muco-purulender; the appetite improved; while the physical symptoms remained unchanged. In order to reach Moscow the patient was obliged to undergo a journey of 300 miles, arriving at said city in a most desolate condition. Spitting of blood recurred, from which the patient, however, expresses herself as greatly relieved.

The dyspnœa is so great that patient finds herself unable to move, her sickly cough is especially violent in the morning and evening, and the nights she passes in utter restlessness, brought on by severe attacks of cough. Her weakness is so great that she cannot raise herself up in bed, and for many months she could neither work, read nor write; the complexion of her face is pale yellowish. The menses scarcely ever occur; the appetite is impaired, and an inclination to constipation exists, with frequent night sweats. The physical symptoms are the same as described above by the attending physician of the patient. The breathing is 48; the pulse 126. The morning temperature during the first five days varies between 38 and 38.9; the evening temperature between 39 3 and 41.2. The ejection is clammy, forming in water a conglomerate, which settles in the bottom.

Kumyss was resorted to at the very commencement of the treatment, in spite of all the blood-spitting, at the rate of two glasses per dose, said quantity being increased daily to that amount. After one week the morning temperature does not exceed 37.8, and that of the evening not over 39.1. The patient feels stronger, is able to rise from the bed and sit up in the chair; her sleep has improved, so that she can sleep for three consecutive hours. The pulse is 108; no more spitting of blood; night-sweats also have ceased. Two weeks after submitting to treatment the patient is able to ride to the institution; her bodily weight amounts to 43,736 grammes; pulse 88. Morning temperature 37.7; evening temperature 38 2. The ejection is more slimy and liquid, and is produced in less quantity. The patient, when supported, can walk a short distance; her sleep is sound; the appetite impaired. For the relief of the constipation, a bottle of soda water in the evening and two glasses of fresh milk in the morning are prescribed. The complexion of the patient's face assumes a rosy tint. Three weeks after her first being weighed her bodily weight amounted to 46,884 grammes, consequently a gain of 3148 grammes over her first weight. The fever in the evenings has ceased. The treatment lasted from June 29th till September 5th. The condition of the patient on the last day was as follows:—The outward appearance is that of a healthy person; rosy cheeks; bright eyes; the breast round and full; the form plump; the gait elastic, except when mounting the stairs; dyspnœa; occasionally a cough of but short duration, with but little ejection; the appetite is good; sleep likewise; no more constipation; twenty-six breaths; the bodily weight amounts to 53,137 grammes, consequently a gain of 9401 grammes since first weighed. The spirometric observations elicit the following result: at the beginning the exhalation was forty-five, at the end 122 cubic inches. These figures do not, however, denote entirely the increase of the capacity of the lungs, since the last-named figure includes also the factor that the patient had accustomed herself to the use of the instrument, and the muscle tonus having been rendered more energetic by the improved nourishment. At any rate, that there was a considerable increase of the capacity of the lungs cannot be questioned. The hollow percussion sound in the region denoted has considerably decreased; the cavernous-like breathing in the extremity of the left lung is scarcely any longer perceptible; the bronchial breathing is, as formerly, distinct and strong. In the right lung the breathing is more pronounced than formerly.

The general well-being of the patient has improved in such a degree that she did not hesitate in the least to undertake the journey home alone. Regarding her latter well-being at her home, I have not received any tidings.

Case 4.—Mrs. T., 20 years of age, of a weak bodily constitution, complexion of face pale yellowish, paralytic breast, and uncommonly lean. Since her thirteenth year the patient was subject to coughs; in her seventeenth year she got married. In 1865 the patient overcame a pneumonia of the left lung, after which she was frequently subjected to hæmoptysis; a constant cough, sometimes dry, and sometimes coupled

with a clammy ejection. The dyspnœa is so great as to render her incapable to utter, for any length of time, combined phrases, or to walk any distance. The digestion is good; constipation only exceptional; the sleep is often disturbed by violent attacks of cough, and accompanied regularly by profuse sweat; in the evening fever sets in; the menses are in order. The patient notices, by her dresses, that she has grown excessively lean.

Percussion.—Reg. infraclav. sinistra, dull.

Auscultation.—Reg. infraclav. sinistra, bronchial breathing; at the exhalation rhonchi sibilantes, the exhalation saccadated; the middle and the lower flap of the right lung puerile breathing. Reg. supra-spinata sinistra, feeble bronchial breathing, being lower, clearer and stronger. Frequency of breathing 36; pulse 90 in the morning, and 112 in the evening. Bodily weight 40,466 grammes. Morning temperature 37.6; evening temperature 39. Spirometer 81 cubic inches.

During the treatment the cough diminishes, the ejection becomes more liquid, the night-sweats cease entirely, already during the first week; while, during the second week, the state of the pulse is 78 in the morning, and 86 in the evening; the morning temperature being 37.4; that of the evening, 38.

During the second week the face assumes a rosy tint. Subjectively, the patient finds herself much improved, is able to walk considerable distances, without fatigue, and converses without constraint. After the patient has passed through a six weeks' treatment her bodily weight amounts to 44,431 grammes, consequently she has gained 3965 grammes.

An examination of the breast results as follows:—The percussion produces a hollow sound beneath the left collar-bone, where a feeble bronchial breathing and a saccadated exhalation is heard. In the reg. supra-spinata sinistra, indistinct breathing. Spirometer, 122 cubic inches. Patient has recovered so far as to fulfill a vow made by her, by undertaking a pilgrimage to a convent ten miles from Moscow, making the journey both ways by foot, which resulted, however, in a two-days' indisposition, which was not accompanied by any threatening symptoms, but was only to be ascribed to the utmost exhaustion, the certain result of such fatigue, with even a healthy person, especially considering the prevailing enormous heat of those summer days.

Case 5.—Mrs. B., 32 years of age, of a weak constitution, whose parents died with chronic consumption. The complexion of her face is pale yellowish, with a greenish tint. In body she is lean in a remarkable degree. She has been frequently subject to spitting of blood, and for many years has suffered from her present malady. She now complains of constant, troublesome cough, experiencing much difficulty in ejecting the phlegm, which, when dropped into water, sinks to the bottom, forming heavy lumps or balls. The great dyspnœa scarcely permits her to walk but a few paces; the night-sweats are so profuse that the patient is obliged to change her garments three times in a night; the appetite is poor, while the patient frequently and without any apparent cause is troubled with diarrhœa, coupled with griping in the bowels. In the evening heavy fever sets in. Pulse 148. Morning temperature 36.9 to 38.1; evening temperature 39.2 to 40 3. Bodily weight 37,196 grammes.

Percussion.—The extremity of the right lung is somewhat dull toward the sternum and beneath the clavicula tympanitic. The left infraclavicular region is distinctly tympanitic.

Auscultation.—In reg. infraclavicular dextra, strong bronchial breathing and bronchophonia, and on the left side the same signs. In the left reg. infra-spinata, near the crista scapulæ, amphoric breathing, the exhalation saccadated; in the reg. supra-spinata the exhalation clearly amphoric. In all other parts of the lung the exhalation is increased.

The patient begins to drink kumyss, and will soon be able to drink three bottles per day. She begins to sleep; and on the fifth day the night-sweats cease entirely; the pulse does not overreach 106 strokes. The evening temperature during the treatment did not fall below 38.8.

Although the bodily weight does not show any marked increase, the patient nevertheless has assumed a fresh appearance, so that the rest of my patients drew my attention to the changed complexion of her face and her elastic gait. At this time the barometer falls 3‴, and the patient begins to spit blood, which, however, was stopped upon the application of simple means. But in consequence of the rain leaking through the ceiling, over her bed, the patient acquired a heavy cold, producing violent diarrhœa and fever, when I temporarily desisted from the use of kumyss.

Analysis of kumyss two to three days old—

Alcohol	1.65 per cent.
Fat	2.05 do
Sugar of milk	1.20 do
Milk acid	1.15 do
Casein	1.12 do
Salts	0.28 do
Carbonic acid	0.785 do

Analysis of kumyss five months old, not to be used for treatment—

Alcohol	3.23 per cent.
Fat	1.01 do
Milk acid	2.92 do
Casein and salts	1.21 do
Carbonic acid	1.86 do

Remarks.—1 mile=4.6 English miles. 1000 grammes=1 kilogramme=2 pounds.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Spinal Irritation.

Dr. Seldner. This man, aged forty-five, has been under my care since January, 1876. The symptoms then complained of were those of brachial neuritis and pleurodynia. The median nerve of the left side became enlarged, and now is much larger than the right. After this he had convulsive seizures, without complete loss of consciousness, which have impaired his mind. This condition continues to the present. Any little excitement is sufficient to bring on convulsive attacks, and I have known them to last three and four days with but slight intermission. Under the influence of chloroform the convulsions will cease, but will return before the effects of the anæsthetic have entirely disappeared. At one time these attacks seemed to be periodical, and quinine was used with benefit for a short time. He has great tenderness down the whole spinal column. Nearly every kind of nerve tonic has been tried in his case. Large doses of bromide of potassium have been used without benefit, and it seems difficult to find any remedy that will give him even temporary relief.

Dr. Morris. I never saw a case like this, but I have seen cases of paralysis in which the first symptom was a severe brachial neuralgia.

Scarlatina.

Dr. Evans. As is known to many here, I believe that scarlatina and diphtheria are the same disease, or produced by different doses of the same poison. Last fall a family had lost two children by scarlatina, and the third one, a girl five years old, was attacked with the same disease. The symptoms were well marked, and there could be but little doubt of the diagnosis. After a severe illness she began to improve, when her mother called my attention to a sore on her arm. It seems that a few days previous she had burned her arm slightly, and it was now covered with the ashy, leathery membrane of diphtheria. This continued for a short time, when an abrasion was discovered on the back of her neck, and in a few days this was covered by the same kind of membrane. When this membrane was detached it left an ugly ulcer, and the ulceration continued until one-half the circumference of the neck, from the spinal column to the trachea, was involved. This ulcer was very obstinate, and before it had entirely healed albuminuria appeared. After a protracted illness the child began to improve, when she had pneumonia of the left lung. She is now well. There was no suppuration of the glands of the neck, and it seems strange to me that this ulceration with the diphtheritic membrane should appear on a slight abrasion or superficial burn, unless there be some intimate relationship existing between the two diseases.

Dr. Arnold. I think the case was one of scarlatina. Ulceration is not uncommon in the disease. The diphtheritic membrane does not attack the sound skin, and besides, nothing is more difficult than to be positive in regard to the character of the disease, when judged from the appearance of the membrane alone. The sequela was that of scarlatina, and the case shows no other sign than that of scarlet fever occurring in a delicate child.

Dr. Erich. I do not think any relationship can be traced between scarlet fever and diphtheria. Scarlet fever attacks only once, while diphtheria may follow any disease by which the strength of the system is impaired; and the attacks may be frequent. In scarlatina we can always find desquamation about the fingers.

Dr. Morris. I do not think a child is liable to a second attack of scarlatina. A boy eight weeks ago had all the signs of scarlet fever, as the eruption, sore throat, etc. Yesterday morning he was again attacked with sore throat, rash over upper part of the body, vomiting, high fever, temperature 105° Fahr., pulse 160. I have called it quinsy, because I am unwilling to admit that a second attack can follow so soon after the first. Last week I had a case of what I call diphtheritic scarlatina. A child had a mild attack of scarlet fever. Fourteen days after his brother was attacked. There was great laryngeal trouble and discharge from the nostrils, which does not occur in scarlet fever alone. There was profuse, mottled eruption; pulse 130, respiration 32, throat clean. Two hours after the eruption receded, and he died that evening. Cases of this kind I always consider as malignant.

Dr. Arnold. I think it must have been a slip of the tongue that the air passages are not affected in malignant scarlatina. It is a very common symptom, and it is not necessary to attribute it to a diphtheritic complication.

Wandering Spleen.

Dr. Arnold. A young married woman, aged 30, has had, since a girl, a tumor in the left

hypochondriac region, extending below the umbilicus. It gave her no trouble, smooth in character and painless. The spleen was absent from its normal position, and without much trouble this tumor could be replaced in the natural position.

Dr. Lynch. Years ago I met with a similar case. A woman, 28 years old, in perfect health, had a movable tumor in the abdomen which I thought might be the spleen, but as I had never heard of a case of the kind, I declined giving a positive opinion.

Dr. Arnold. Bamberger says a movable spleen sometimes does mischief by becoming entangled in the transverse colon and producing strangulation.

Pharyngeal Polypus.

Dr. McDowell. Some days ago a patient came under my care with a constant tickling cough. The pharynx was congested, but not enough to account for the troublesome symptoms. Upon examination with the laryngoscope, a polypus was discovered springing from the left side of the throat and resting on the epiglottis. When removed by the scissors it was as large as a pigeon egg, and fibrous in character. The only unusual thing in the case is the location, as I do not recollect a case in which the attachment was at the side.

Syphilitic Arthritis.

Dr. Seldner. This man has been sick for about four years. He had an attack of pneumonia, after which he suffered from fever of a typhoid character. When convalescent he had a pain in his neck, so severe as to produce delirium. From the neck it extended to the shoulder, and then to the elbow, and synovitis resulted, with destruction of the joint. The head of the radius is dislocated forward, the arm is much wasted, there is an exostosis on the shaft of the humerus, and he suffers intense pain at night. There is anchylosis, and the limb is useless. He has had syphilis, and the physicians under whose treatment he has been have considered the case to be syphilitic. On account of the disturbance it produces he cannot take iodide of potassium.

Dr. Erich. Probably if you commence with small doses and increase gradually, he may be able to tolerate the remedy.

Dr. Arnold. Notwithstanding the opinion of the prominent gentlemen who have seen this case, I am disposed to doubt its specific character. Syphilis is usually symmetrical, and his not having been benefited by anti-syphilitic remedies is against the opinion of its specific character.

Dr. Brinton. I saw this man, about two years ago, as an out-patient at the University of Maryland. Professor Johnson diagnosed it as syphilis, and he was put upon half drachm doses of iodide of potassium, which were continued for two weeks with marked improvement in the symptoms.

Dr. Arnold. A resection would offer the best results.

Dr. Erich. By the use of a splint, keeping the arm immovable, you may get anchylosis. I have treated several cases in this way.

Dr. Arnold. It is not considered any great triumph in modern surgery to get anchylosis. What is wanted is as useful an arm as possible.

Dr. McDowell. Cases of this kind are usually the result of scrofulous or syphilitic cachexia, or traumatism. There is no history of injury or scrofula, therefore I think it is most likely syphilitic.

Dr. Arnold. Syphilis usually affects the shafts of long bones. Arthritis may result from any low form of disease; I have seen it frequently after typhoid fever. As to the remark of Dr. McDowell in regard to the cachexia, I have seen many apparently idiopathic cases.

Osseous Deposit in Crystalline Lens.

Dr. McDowell. A girl, 8 years of age, 4 years ago had her eye injured by a breastpin. The pin penetrated the cornea and lens, and the sight was destroyed. A few days ago Dr. Chisholm enucleated the eye. After its removal the eye was cut open, and in the position of the lens was found a calcareous substance, smooth, dense, hard, about half the size of a lens, and resembling bone. A case of osseous deposit was reported to the last meeting of the Opthalmological Congress as a very rare thing. Under the microscope we found Haversian canals and lacunæ, which proved its osseous character.

Chorea.

Dr. Arnold. A young lady, aged eighteen, had suffered with chorea for two years and a half. Nearly every known remedy had been tried without avail. When I saw her every voluntary muscle seemed to be affected; could hardly talk, and had to be fed with a spoon. Menstruation was regular, the countenance was pallid, great anæmia, and a basic systolic murmur which is common in bad cases of chorea. I ordered perfect rest, put her in a crib and strapped her body so as to restrain the convulsive movements. Three times a day she had alternate hot and cold douches to the spine, continued as long as she could endure them, and iron internally. In two weeks there was marked improvement, and in five weeks she was so far recovered as to be able to go shopping, and if not hurried you would notice nothing amiss. If hurried she shows some little excitement and stammers, but this subsides in a few minutes.

Dr. Rennolds. I attended a girl fourteen years old, who had had chorea for two years. I gave her calomel and jalap, each ten grains, repeated daily, and she was well in two weeks. Some years ago I read a paper before this Society, giving a number of cases relieved by this treatment in a very short time.

Drs. Winternitz and Seldner expressed themselves as having tried the calomel and jalap treatment with failure in every instance.

Editorial Department.

Periscope.

Treatment of Cholera Infantum.

Dr. J. M. Allen says, in the *Transactions* of the Missouri State Medical Society, 1877, I begin the treatment with opium enough to keep the patient comfortably under its influence, repeating the dose every three or four hours, and, as the irritability subsides, gradually lengthening the interval and lessening the quantity. I am prepared to hear you say that it would increase the tendency to convulsion where there was much febrile excitement; but such is not the result. You very much lessen this tendency by controlling its cause. In the middle stage of the disease, if there has been much waste of tissue, I give it for its tonic effect on the nervous system, and to give tonicity to the blood vessels, and thereby lessen the tendency to coma from this source. After an experience of several years in the use of opium in this condition, I have not had a single case of coma from stasis of blood in the brain. Besides, the use of opium reduces glandular irritation, and thereby lessens the tendency to the production of white corpuscles in the blood. so much to be dreaded in the latter stages. In connection with opium in the first stage, bicarbonate of potassium given in carminative water; also large doses of quinine during the remission of fever, which occurs during the morning. If the disease is protracted, I continue the quinine in smaller doses.

Astringents I never use in the first stage, unless the actions are very serious and large, but think they are of much benefit later in the disease. My preference is for plumbi acetas, or tannin, in suitable doses. I also use in the latter stage dilute sulphuric acid with opium, and regard it as very valuable. Where there is much exhaustion, and the tongue is not red, and the stomach will bear it, I have found much benefit from ferri et quin. cit., given in port wine. A valuable tonic may also be found, in the latter stage, in hydrochloric acid diluted with chlorate of potassium. In the latter stage, where the patient is much reduced, I have found benefit from cod-liver oil rubbed on the skin. Where ulcerations of the bowels are present, I find much benefit from ol. terebinth. with opium. I also have used with decided benefit, creasote in the latter stages, especially if there was ulceration present; also argenti nitras.

In all stages of the disease, when you are using opium freely, it is indispensable to give a dose of castor oil every 36 or 48 hours, to remove undigested food and vitiated secretion, mucus, etc., from the alimentary canal, to prevent their becoming a source of irritation and blood-poisoning. If the rectum becomes involved, much benefit may be expected by using emulcent and astringent injections, and if the inflammation is great, cold water injections, given frequently, are of decided benefit. In the latter stage, especially if there is evidence of ulceration, I use injection of solut. arg. nit. gr.xx–xl twice daily.

Alcoholic stimulants should be given as soon as there is evidence of the failing strength of the child, and used freely. I feel sure many cases are lost by neglecting to begin stimulants early enough, and to give them in large enough quantities.

The Symptoms of Atrophy of the Stomach.

In a lecture (in the *Lancet*, July 14th. 1877,) by Dr. Samuel Fenwick, he gives the following diagnostic points:—

The first symptoms of atrophy of the stomach show themselves very gradually; so much so that most of the subjects of the disease are unable to state exactly when the earliest signs of ill-health attracted their attention. A slight loss of strength, and a failure of appetite as regards animal food, especially when the meat is underdone, are usually the earliest indications. At this time flatulence is the only sign of indigestion, with the exception, perhaps, of slight constipation. At a later period the appearance of the patient is very striking. The face is of a pale yellow color, the lips and throat are intensely white, and he looks as though he were suffering from chronic Bright's disease or some malignant tumor. The appetite for animal food is now exceedingly bad, the thought of it often exciting a feeling of loathing; but nourishment of a starchy nature is readily taken. Some are still able to eat fish or chicken; others object even to these, but can swallow soups. Occasional vomiting comes on; others suffer from nausea. Flatulence is almost always a subject of complaint, and attacks of diarrhœa replace the former constipation. The strength is greatly reduced, and the loss of memory and incapability for mental exertion force themselves on the sufferer's attention. The least exertion induces palpitation and dyspnœa, which are often so distressing that the patient is forced to keep in the recumbent position. The pulse is small and thready, but not necessarily quickened. The progress of the case is generally slow, and as time goes on the feebleness and anæmia increase from week to week. Some complain of severe pains of the limbs on the slighest exertion, and the pains are stated to be as if they had undergone an immoderate amount of muscular effort. As death approaches, dropsy of the limbs sometimes shows itself, or

effusion may take place into one or both pleuræ. Some complain of tenderness over the epigastrium; others suffer from vomiting or uncontrollable diarrhœa; whilst others become delirious, and sink gradually into a state of coma. There are no physical signs peculiar to the disease. On account of the anæmia you commonly find systolic murmurs over the heart, carotid arteries, and jugular veins. The stomach presents no evidence of tumor or dilatation, and there is no enlargement either of the lymphatic glands or spleen. The urine is of low specific gravity, contains only a very small amount of urea, but neither albumen nor sugar is present in it. The blood is thin and watery, and under the microscope shows no increase, but rather a diminution, in the numbers of the white corpuscles. Both the white and red cells appear to be normal in size and shape.

The Aspirator in Stricture of Urethra.

Mr. P. L. O'Neill, Surgeon to Union Infirmary, Athy, records this case in the *Medical Press and Circular*:—

June 20th. J. F., aged sixty-two, presented himself to Dr. Mara, at the dispensary, laboring under a fit of retention, from which neither the doctor's tact nor patience in the use of the catheter relieved him. Accordingly, he was admitted to the infirmary, where I also essayed, in vain, in the same way. However, under the use of a hot bath and opiate suppository, the urgency abated. Next day I again endeavored to pass a catheter, but with the same result. The bladder being greatly distended, and patient's sufferings intense, I, with Dr. Mara's assistance, aspirated it. In twenty minutes after the operation I introduced a No. 1 catheter with the greatest ease. I have since, by degrees, introduced larger, and patient is happily progressing.

There are few hospital surgeons who have not from time to time met cases where the instrument could not be introduced while the bladder was distended, and yet found it to pass easily after that viscus had been evacuated.

Holmes, in his "Principles and Practice of Surgery," recently published, states, in reference to aspiratory puncture of the bladder for retention in stricture of urethra, that he is somewhat skeptical as to its real value, but at the same time acknowledges that its use is perfectly rational. I think in this particular instance the real value of the aspirator has been fully established.

Contagion by Syphilitic Blood.

Dr. J. R. Lane, of the London Lock Hospital, says, in a recent lecture: The contagious quality of the blood of syphilitic persons must also now be considered an established fact. In 1850, Dr. Waller, of Prague, inoculated a healthy boy, aged sixteen, with the blood of a woman with secondary syphilis. Five weeks afterward, indurated tubercles appeared at the inoculated points, and a secondary eruption then followed. Lancereaux has collected twenty-three cases in which the inoculation of healthy persons with syphilitic blood has been practiced. In six the result was the same as that just related—*viz.*, the formation of indurated tubercles locally, after an interval of incubation, and subsequent secondary disease. In the remaining seventeen cases the result was negative. The failures, however, cannot invalidate the positive results obtained in the other six cases, which seems to demonstrate beyond doubt that the contagion is present in, and is communicable by, the blood of a person with secondary syphilis. "The life of all his blood is touched corruptibly," although, perhaps, the poison may not exist there in so concentrated a form as in the secondary secretions, as the proportion of failures to inoculate successfully seems to indicate.

Hunter has recorded several cases of disease following the transplantation of teeth, a practice which was common in his time. The transplanted teeth at first became firmly fixed, but at the end of about a month the gums ulcerated, the teeth dropped out, and secondary symptoms followed. Hunter did not look upon these cases as really syphilitic; he describes them while speaking of "diseases resembling lues venerea." Mr. Lee regards them as examples of contagion by diseased blood, but the diseased tissue of the transplanted tooth is, perhaps, even more likely to have been the cause than the blood.

Aconitine in Cardiac Disease and Neuralgia.

Mr. Gubler says, in the *Journal de Therapeutique:* The cardiac disease was so marked in a young woman with organic disease of the heart after a small dose of aconitine, in my *clientèle*, that she prayed to have the medicine stopped. Ligeois and Hottott have already established in aconitism paresis of the heart and paralysis, from the action of the alkaloid. Under whatever form we employ it, as the amorphous aconitine, or the crystallized azotate of Duquesnel, it is a medicine difficult to manage, and we should use it with care.

It is better to give it in solution than in granulæ, as the latter are often inactive, and we are tempted to increase the number, owing to the seeming insensibility of the patient to this medicament. By using the solution, owing to its certain absorption, we avoid the danger of the accumulation of the poison, and we should begin with half a milligramme, progressively increasing the dose if necessary, as some patients bear even six milligrammes. I have never seen any bad results from its employment if it is given with care and in therapeutical doses.

Its disadvantages are nothing compared with its benefits.

In facial neuralgia its practical importance is

very great, and it may almost be looked upon as a specific.

In neuralgia of the fifth pair, and even in tic-douloureux, I have never known it fail, and I may mention two severe cases of facial neuralgia which yielded completely to the use of the azotate in progressively increasing doses.

The alkaloid is principally recommended in the congestive form of facial neuralgia; its effects are curative when there is no nervous lesion—palliative when the lesion is established. I am of opinion that all neuroses end by giving place to nervous alterations.

Aconitine, when given at the beginning, will completely cure facial neuralgia, and in those cases where the disease is advanced it will immediately afford relief; but, unfortunately, this action does not extend to other forms of neuralgia.

A New Mode of Treating Retroflexion of the Unimpregnated Uterus.

At the Obstetrical Society of London, Dr. James Braithwaite read a paper on this subject. The plan of treatment advocated is applicable to cases in which Hodge's pessary failed, and consisted in dilating the canal of the uterus by means of sponge tents. Then a wire threaded with an india-rubber ball is so arranged as to occupy the uterus, vagina, and sulcus between the buttocks. The uterine portion of the wire, which is limited by a button on its proximal extremity, is covered by india-rubber tubing, and bent so as to maintain the uterus in anteflexion. When the wire is introduced, the india-rubber ball should be pushed up to the button and inflated, and the external part of the wire be so bent as to occupy the sulcus between the buttocks. The instrument cannot escape, nor enter further into the uterine cavity, nor get out of position. The instrument should be worn for four days, during which period the patient should remain in bed. Ergot should be administered. When the instrument is removed, a Hodge's pessary should be introduced. The author had cured the retroflexion in four cases which had been treated by this means. Dr. Priestley said that some years ago Dr. Moir had recommended the dilatation of the uterus by sponge-tents, in cases of persistent retroflexion of the unimpregnated uterus, and the insertion afterward of an intra-uterine stem with an oval-shaped bulb half way up, corresponding to the bend in the retroflexion. He could not say what results had been obtained by the method, but Dr. Braithwaite's plan was the same, so far as the dilatation of the uterine cavity was concerned, although the latter part of the process was different. Dr. Barnes was slow to resort to internal until external means had failed. Hodge's pessary rarely failed. All internal supports, however ingenious, must cause a certain amount of chafing; they also fix the uterus. This organ should not be fixed. When all other means had failed, intra-uterine supports might be tried. Before introducing a Hodge's pessary, the displacement should be reduced. Dr. Graily Hewitt thought the instrument ingenious, and carrying out a necessary principle of treatment of flexion, viz., flexion in the opposite direction. He had done this by means of the sound. This, with the introduction of a modified Hodge's pessary and the prone or semiprone position, usually proves successful. There were some cases where the difficulties of treatment were almost insuperable, owing to adhesion of the uterus posteriorly, thinning of the uterine wall at the point of flexion, the chronicity of the flexion, and the hardness of the uterine tissue. He preferred, if possible, the avoidance of intra-uterine stems in retroflexion.

The Prevention of Venereal.

In a lecture on this subject, by James R. Lane, M. R. C. S., given in the *Lancet*, he says:—

The Contagious Diseases Acts have been strikingly successful at the naval and military stations to which they have been applied, notwithstanding the disadvantages arising from the limited area in which they work. Primary syphilitic sores have been diminished in the army at the protected stations more than one-half, although at those which are unprotected there has been a decided increase. Military and naval medical officers have borne unanimous testimony to the great diminution of this form of disease in the men under their charge, and also to its milder character. In the less important complaint, gonorrhœa, the result has been less satisfactory. There has been a diminution, but not to a very marked extent. I do not think this is to be wondered at if we consider the various exciting causes of this complaint and its frequent origin in both sexes independently of direct contagion. I fear that Acts of Parliament will never do very much for the suppression of gonorrhœa. It is a complaint which we must be content to have always with us, more or less, until we can contrive to attain a much higher moral elevation than there seems to be any prospect of at present. But it matters comparatively little about gonorrhœa; it is the arrest, or, at least, the diminution, of syphilis which is all important from the sanitary point of view, and the first and most essential step toward this is the prompt seclusion and treatment of all public women who become diseased.

The collateral advantages arising out of legislation of this kind are many and striking. In the towns in which the Contagious Diseases Acts have been in force there is ample testimony, in the evidence taken by the Royal Commission in 1872, from influential inhabitants and from the clergy of all denominations, of the greatly improved outward demeanor of the prostitute class, of the almost complete cessation of riotous disorder, and especially of street solicitation.

But it is the women themselves who have been most strikingly benefited, notwithstanding

the gross misrepresentations as to their oppression which have been so persistently put forward. Ten years ago the "wrens of the Curragh" and the outcasts of Aldershot were left without a roof to cover them—literally

"To lie in cold obstruction and to rot."

And they would have been so left to this day, had they not been rescued from their state of almost bestial degradation by the operation of the Contagious Diseases Acts. The public women in the towns under the Acts have diminished in numbers by more than one-half, and although those who remain may not have reached a very high moral standard, they present, at least, the outward seeming of civilized beings. Great numbers of them, who would never have been approached in the way of kindness but for these Acts, have been induced to resort to reputable modes of life, to enter reformatories, or to return to their friends. Numbers of young girls hovering on the brink of prostitution have been rescued through the agency of the police, and persuaded to return home, without coming under the operation of the Acts at all. Private benevolence never has done, and never will do, anything approaching to the good which has been effected in this direction, quietly and unostentatiously, through the agency of these much-maligned Acts of Parliament.

Aneurism from Embolism.

At a recent meeting of the Pathological Society of London, Dr. Goodhart read notes of some cases of aneurism arising from embolism. The first case was that of a lad aged eighteen, who had had rheumatism twice. He had mitral disease. While under observation his pulse stopped suddenly, from embolism of the brachial artery; he then had head-symptoms. A large clot was found in the right hemisphere, from an aneurism, caused by an embolon. The heart weighed twenty-three ounces, and had long vegetations hanging from the mitral valve, while the chordæ tendineæ were ulcerated.

The second case was that of a man aged thirty-four, who had had rheumatism twice, and had heart symptoms. His urine contained one-sixth of albumen. He had convulsions, and died. There was an aneurism of the left cerebral artery, with a large clot. The heart weighed sixteen ounces. It also had long vegetations, and its chordæ were ulcerated.

The third was a lad aged nineteen, who had had rheumatism, and there was a double aortic *bruit*. He had hemiplegia. A small sacculated aneurism of the right posterior cerebral artery was found. There was no other disease of the vessels. The heart weighed twenty ounces. There were long vegetations of both aortic and mitral valves.

The fourth case was that of a man aged fifty, who had rheumatism in his ankles, and mitral disease. A swelling showed itself in the arm, which was cured by compression. He then had an apoplectic fit. There was a large clot on the dura mater near the right middle cerebral artery. There was another clot in the left corpus striatum. The heart weighed ten ounces and a half, and was quite natural, except some acute inflammation of the mitral valve. The kidneys were healthy, except some recent embolic patches. The subject of the production of aneurism by embolism was scarcely yet sufficiently recognized. Apoplexy in young subjects was the result of embolism; and heart mischief was also present. As to the formation of aneurism from embolism, Holmes thought it was due to distention behind the plug. Ponfick thought that the embolic plug was calcareous and spiculated, and, by damaging the arterial coats, led to aneurism. He had never yet seen such a plug. He was inclined to think that the clot behind the plug softened, and induced softening of the wall of the vessel, and thence aneurism.

Unity of the Syphilitic Poison.

Mr. S. M. Bradley, of the Manchester Infirmary, says, in the *Medical Press and Circular:* With the exception of the mixed chancre, every form of syphilitic primary lesion, as a rule, propagates its kind; this is especially so in the case of the soft and the hard chancres; the dry papule and the chancrous erosion, though often the direct offspring of similar lesions, are not unfrequently transmitted from certain secondary affections; *e. g.*, condylomata.

This circumstance, coupled with the fact that the soft chancre rarely infects the system, while the hard sores are generally followed by secondary symptoms, led observers to doubt the unity of the poison, some even maintaining that there was a distinct virus for each kind of sore, while most went so far as to say that there were certainly two distinct poisons; the one giving rise to the soft chancre, which was not a poison which invaded the system beyond the first inguinal gland; the other the parent of the various indurated sores, which always infected the constitution at large. As knowledge ripened and syphilographers multiplied, this doctrine proved difficult to hold, if not untenable; cases occurred where sores pronounced soft chancres by competent judges were followed by constitutional symptoms; instances of the autoinoculability of the hard sore were from time to time reported, and in spite of ingenious theories that in such cases as these we had a dual poison to deal with, grave doubts were thrown upon the validity of the doctrine of duality, doubts which became clearly manifest in the evidence given before the Admiralty Commission in 1870.

It was, I believe, my lot to reduce this vexed question to a demonstration, and prove that there is an essential unity in the syphilitic poison; for in some experiments, published in the year 1872, I succeeded in producing an autoinoculable sore from a typical indurated chancre, and again in obtaining constitutional infection

by inoculation from a freely suppurating non-indurated sore. Still, though "duality is dead," it yet speaks, and furnishes us with useful hints in both prognosis and treatment. It is the very general rule for the syphilitic primary sores to breed true; the soft sore produces the soft sore, and as the virus is wholly thrown off in pus, requires no mercurial treatment from first to last; the hard sore gives rise to the hard sore, which infects the entire economy, and requires a lengthened mercurial treatment to secure its eradication from the system.

The Hypophosphites in Phthisis.

In the *British Medical Journal*, Dr. J. C. Thorowgood gives the following illustrations of the use of the hypophosphites of soda and lime: In the year 1863 I first began to employ these salts, and since I have learned more exactly to understand the nature of pneumonic phthisis and catarrhal pneumonia, I have been able more clearly to recognize the cases in which the hypophosphites come in as valuable remedial agents. Contrasted with many other remedies, such as mineral acids, quinine, and steel, the hypophosphites appear to much advantage, and may certainly stand side by side with cod liver oil in anti-phthisical powers. As to steel, I believe it often does more harm than good, and tends to promote the increase of temperature which may herald the development of true tuberculosis in the lung.

Case 1.—James R. E. was an out-patient at the Victoria Park Hospital, May 9th, 1867. He was a pale, thin young man; had been ill, with more or less cough, for the last five years. He dated his illness from a sudden spitting of blood. The left side of his chest was flattened, with impaired percussion resonance and abundant crepitant *râles* in inspiration. The right side of the chest was resonant; expiration was prolonged. Cod-liver oil always made him sick. On the previous day he brought up blood. He was ordered to take five grains of hypophosphite of soda in camphor-water three times daily. May 16th the medicine agreed well, and he felt much better. On May 23d the cough was much better. Pulse 104. There was a cooing sound with expiration in the right lung. The left side was dull at the upper part, and here a dry creaking was replacing the crepitant *râle*. He was ordered to take five grains of hypophosphite of lime in place of the soda salt. On May 30th he was much amended; there was very little sputum now. On June 13th he felt himself well, though respiration was not normal in the left lung. He could now take some cod liver oil, and, at his own desire, left to go to his home in Wales.

Case 2.—Benjamin D., a laborer, aged about 35, from Acton, was seen on June 27th, 1867. He had had a bad cough since March, with frequent spitting of blood. Pulse 104, feeble. The bowels were inclined to diarrhœa. The tongue was clammy. His breath was very short. Both sides of the chest were somewhat flattened. The respiratory sound was generally weak. Crepitant *râles*, to a slight extent, were heard over the left upper third. The liver was enlarged and tender. Cod-liver oil, he said, "always ran through him." He was ordered to take five grains of hypophosphite of lime with ten minims of saccharated solution of lime in infusion of calumba three times daily. He took this till August 8th, when he was discharged, stating that he could now walk a long distance without fatigue; his cough also was "nothing worth speaking of." Dry, creaking noises could be heard still at the upper part of the left lung.

Dr. Thorowgood adds several other cases equally striking.

The Uses of Sulphurous Acid.

Mr. W. H. Griffith gives the following summary in the *Medical Press and Circular*:—

Locally applied, sulphurous acid acts as a caustic, and is particularly efficacious in the treatment of cutaneous affections due to low forms of vegetable parasites. It may be used either in the form of lotion diluted with an equal bulk of water, or, as Garrod suggested, with glycerine, or fumigations of it may be employed. The latter mode of using it may be effected by burning sulphur under a gas-tight chamber, leaving the patient's head free so as to protect the respiratory passages from the suffocating effects produced by the gas. The advantages of treatment by fumigation are that it is inexpensive, does not leave an unpleasant odor and does not soil the linen; the disadvantage consists in the necessity for long-continued treatment. I have seen very good results in the treatment of some parasitic skin diseases by sulphurous acid applied in the form of spray. In ringworm and itch, etc., the sulphurous acid treatment has yielded very satisfactory results.

According to Dewar a solution of the acid will speedily cure chilblains or chapped hands, and the same writer states that, diluted with an equal part of water or glycerine, it will ease the pain and prevent the spread of erysipelas; he also applies the acid to wounds, bruises, sore nipples, etc. If contagious diseases are produced by minute organized particles which sulphurous acid can destroy, it may act as a disinfectant. It may prevent, but cannot destroy, foul odors.

Largely diluted sulphurous acid has been given in the treatment of sarcinæ ventriculi, but some practitioners prefer the hyposulphite or sulphite of soda; when the latter drugs are used the acid of the stomach decomposes the salt and disengages the sulphurous acid.

Jenner recommends the acid in pyrosis attended by yeasty vomiting. Lawson states that in pyrosis the sulphites are useless.

Dr. Polli, of Milan, advocates the administration of the sulphites in zymotic diseases, on account of their antiseptic powers. They have been especially recommended in typhoid fever. It is said that hyposulphite of soda, in doses of

from fifteen to twenty grains every two hours, will cure intermittent fever.

In stomatitis, aphthous or phagedenic ulceration, influenza, tonsillitis, malignant sore-throat, laryngitis, croup, clergyman's hoarseness, asthma, chronic bronchitis, and phthisis, the administration of sulphurous acid has been recommended, particularly by Dr. Dewar, who has had considerable experience in the employment of this drug. In these cases it may be advantageously given in the form of inhalation. A few drops of the acid may be added to boiling water, and its vapor inhaled. It may also be applied as a spray, one part of the acid to two or three of water. I do not remember to have read of its administration in whooping-cough, and I would certainly anticipate beneficial results from its employment in this affection.

The New Treatment of Rheumatism.

Dr. Jacob, Physician to the Leeds Infirmary, writes to the *Medical Times and Gazette* (London): The following conclusions seem justified by a year's experience in the use of salicine and the salicylates:—

1. That salicine and its congeners are powerful remedies in the treatment of rheumatism.

2. These drugs are of most use in acute rheumatism of moderate severity. They are of less value, though still useful, in the chronic and subacute varieties, while in the most severe cases—viz., those accompanied by hyperpyrexia and delirium—they appear to have little or no influence on the disease.

3. That in an attack of acute rheumatism of average type treated by the drug, all signs of rheumatism are, in most cases, removed in from one to three days. If, however, the drug be discontinued, there is serious danger of a relapse.

4 That cardiac complication, though occasionally met with in patients taking the drug, is rare.

5. In many cases toxic symptoms are developed after the patient has taken the drug for a few days. Of these, the most common is vomiting; the deafness, tinnitus, and other phenomena of quinism are occasionally found. These symptoms are most marked in the case of salicylic acid, and less so in the case of salicine.

6. Of the three drugs in use. salicine appears the weaker; it is, however, the pleasantest to take, and is less apt to cause gastric disorder. Salicylic acid, although of greater power, is most nauseous, and may, with great advantage, be replaced by sodium salicylate, which has equal effect, and is freely soluble in water.

So far as we may judge from the above cases, the statements of the original introducers of salicylic acid as a remedy for rheumatism can hardly be accepted without considerable modification. In the very acute forms, with hyperpyrexia, we can hardly dispense with the cold bath, though even that may fail. It remains for future experience to point out (1) in what cases these drugs are contraindicated; (2) how far this mode of treatment is an improvement on the methods in general use, as regards permanence of cure and prevention of cardiac complication. Already, several cases of relapse have been noted; and it is possible that, as with colchicum in gout, and chloral in convulsions, we may occasionally find the patient more liable to a fresh attack than if other or expectant methods of treatment had been adopted.

As regards the manner of administration of the drugs, the following method was in most cases adopted. The patient was allowed to remain in hospital from one to three days, without any medicinal treatment, other than anodynes. After that period, if the symptoms still continued, salicylate of sodium, or salicine in thirty-grain doses, salicylic acid in twenty-grain doses, was administered every four hours, till the temperature was reduced and the pain relieved. The drug was then continued thrice daily, for ten days or a fortnight.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Strumous Element in the Etiology of Joint Disease. From an analysis of eight hundred and sixty cases. By V. P. Gibney, M. D., Assistant Surgeon to the Hospital for the Ruptured and Crippled, New York. This is a reprint from the New York *Medical Journal*, July and August, 1877. His conclusions are that the old theory of a strumous diathesis being at the base of all chronic joint disease is confirmed. Every case supposed to be traumatic, when a full and reliable history could be obtained, "was vulnerable by a predisposition, and was simply induced by the traumatism as an exciting cause." The practical bearing of the question of etiology is that local treatment alone will not meet all the indications.

——We also acknowledge the receipt of the following:—

Annual Announcement of the Cincinnati College of Medicine and Surgery for 1877–78. Forty-third Regular Session.

Ninth Annual Announcement of the Indiana Medical College, Indianapolis, Indiana. Session of 1877–78.

"Epithelioma Penis" Operations, by Christopher Johnston, M. D., Professor of Surgery, University of Maryland. A reprint from the Maryland *Medical Journal* for August.

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PROFESSIONAL EXAMINATIONS.

Although the renewed interest felt in the subject of Medical Education has not extended to the details of the methods of conducting the final College examinations, yet there is little doubt that these details will soon become subjects of animated and protracted discussion, as well in our medical societies as in our college faculties.

In order to show how these details may be perfected, we print a short description of them, as carried out in the Polytechnic College of the State of Pennsylvania, Philadelphia, the reputation of which institution for thoroughness of instruction is first-class. The description was prepared by the President of the Faculty, Alfred L. Kennedy, M.D., by request of the Professors of the Imperial Technical Schools of Moscow and St. Petersburg, made when visiting the Polytechnic College during the Centennial Exhibition.—ED. M. & S. R.

The object of an examination being to test with the greatest precision the results to the students of the joint labors of themselves and their instructors during the last preceding college term, too much care cannot be taken in inventing the best methods and in faithfully executing them. Especially is this true of Technical Schools, from which graduates go to take part in the responsible duty of planning and directing the construction of important public works. The college year is here divided into three sessions. There are consequently three examinations annually, the first two on studies of the session just closing, the third on the studies of the year.

Some students require more time than others in which to recall their knowledge. Some, again, are more easily embarrassed by questions put to them. The better to adapt the examination to all, it is made to consist of two parts. The first is *written*, and is participated in by all at the same time. The second is individual and *oral*, each student, in order, being alone with his instructor during its continuance. This imposes much labor on the Faculty, but it is repaid by the exactness of the knowledge gained of the students' characters and acquirements.

Suppose the studies of the session to have been differential and integral calculus, chemistry, geology, mechanics, and civil engineering. Thirteen questions on each of these branches, and covering, as far as practicable, all that has been taught of it, are prepared, the whole class assembled, and the questions handed to each of them, with directions to answer only *ten*, the selection of which each student makes for himself. From the kind of questions which he selects, whether difficult or otherwise, some estimate of his character and ability may not unfrequently be gained. The written examination is the same for all students of the class, and lasts from two to two and a half hours, at the end of which time the order is given to close, when each student folds his paper, endorses it with the date, subject, and the name of his class, but not with his own name, substituting for the latter his "examination letter," viz., that letter of the

alphabet which he had previously drawn, in order, from a box into which all the letters of the alphabet had been thrown.

In reviewing these papers the instructor expresses the value of each answer to a question in figures from 0 to 10. If all are satisfactorily answered, the sum will be 100, the highest average, and in like proportion for a less number. As soon as the review of the papers is completed, the oral examination of the class on the same branch is begun. For this purpose the class is divided into squads of 7 or 8, in the order of their examination letters, and the first squad called in. A new set of questions, covering the principal topics on which the oral examination of the members of this squad will be conducted, is set before them. These they may answer, as far as time will permit, the object being rather to concentrate their thoughts upon the topics. He who has drawn the first examination letter is the first called by his instructor into a private ante-room, the remainder being left in charge of an assistant, whose function is simply to maintain silence and prevent communication. The examination in the ante-room lasts 15 minutes or more; at its close the student retires to his lodgings and another is called. Each is privileged to present to his instructor any replies to the questions which he may have written while waiting his turn, and to receive credit for the same. As soon as one squad has been examined another is called, for which a new set of questions has been prepared, of about equal difficulty with the former, and so on until all the squads have finished. Not unfrequently a student's preparation for the oral examination is better than for the written, on the same branch. Whether this be so or not, the two are regarded as equal in value, and in obtaining the final average on any study, are added together and divided by two.

In making up the total average on all the studies the value of each of them is not regarded as equal, because some studies are more difficult or more important than others. Few more embarrassing duties devolve upon the heads of colleges than that of determining the relative values to be assigned to the several branches of instruction when estimating the averages.

Here the well-known French method is not employed, but a scale of co-efficients, adopted after much discussion, is used, by the numbers of which scale the averages on the several studies, obtained as above, are multiplied, and from the products thus derived the total averages are calculated.

Notes and Comments.

Dipsomania from Tapeworm.

At a recent medical society meeting at Warren, Ohio, Dr. Harmon reported the removal, in January, 1876, of a tapeworm from a large man, of robust health (five feet ten inches in height, and weighing two hundred and twenty-two pounds), but who, for ten months previous, had been addicted to the uncontrollable use of liquor. He had tried three regulars and two homœopathists. He had voided from the March previous about one hundred and twelve feet at various times. He was put in preparation, and after nine hours' active medication he was relieved of his tormentor, some eighteen feet nine inches (or one hundred and thirty feet in all), including the attenuated neck and head, without suffering pain or nausea, and followed by cure of his dipsomania.

Napheys' Therapeutics.

Already the edition of this work which was published at the commencement of the present year is *entirely exhausted.* No higher testimony to its worth could be given. It recommends itself at once to every physician who sees it. As was remarked by the New York *Medical Record:* "As a handbook of Therapeutics, pure and simple, it is invaluable to every practicing physician;" and the reason was well stated by the *American Medical Biweekly:* "In no work can the practitioner learn so easily as in this one, the favorite medicines used in treating diseases, and the best methods of compounding them."

A new edition (the *fifth*) is in active preparation. The editor has been assisted by several

very competent gentlemen in special departments, and the work has received a most thorough revision, and very large additions. Indeed, so extensive are the latter, that the two parts into which the work is divided, viz: 1, Medical Therapeutics, and 2, Surgical Therapeutics, will each make a volume by itself, quite as large as that which embraced both divisions in the last edition (about 600 pages). They will be printed on handsome tinted paper, in the best style, and each part, as wholly independent, will be sold separately if desired.

Original in design, and carried out with vast research, this work may justly claim precedence in real, practical, everyday value, over any others ever issued by the American Medical Press.

The Pathology of Pleuro-pneumonia.

Dr. Burdon-Sanderson gives an interesting account of experiments made by him on several animals, by introducing the liquid from pleuro-pneumonia-infected lungs into the body of healthy animals by subcutaneous puncture or injection into the blood-stream. From these trials two new and important facts have been learned, namely: that the introduction into the subcutaneous tissue of the exudation liquid of pleuro-pneumonia, when the necessary precautions are used against septic infection, is not attended with any of the dangerous effects usually attributed to it, and that the liquid may even be mixed with the circulating blood without risk; and secondly, that the constitutional disturbance occasioned by the last mentioned procedure is of extreme mildness, and exhibits none of the characteristic features of the formidable and fatal malady with which it is identified by its origin.

A Case of Sporadic Typhoid Fever, with Perforation in the First Week.

A. V. Sokolowski, writing to the *Deutsche Med. Wochenschrift*, 1877, No. 11, says that he had an opportunity to watch the development of an abdominal typhus in a patient residing in a health institution in Göbersdorf. There was no other case of the kind in the whole region, and he concluded that the case had arisen spontaneously. The history of the disease was interesting, by reason of the early perforation which occurred at the end of the first week, in the upper part of the cæcum.

Phosphate of Lime in Relation to Fractures.

In a recent thesis, M. Midrin, in reference to the question, whether the administration of phosphate of lime hastens the consolidation of fractures, comes to the following conclusions:— 1. Phosphate of lime cannot be relied upon for this purpose. 2. Introduced directly into the economy, it is not absorbed when it is insoluble. 3. When given in a soluble form it is eliminated in the urine. 4. It is furnished in sufficient quantity by milk, bread, cereals, seeds, etc., and is assimilable only in this manner. 5. Its immediate action is only antacid and absorbent.

Functions of the Liver.

In a paper to the Paris Academy of Science, Dr. Claude Bernard contributed some new researches on the sugar-forming theory of the liver, and concluded:—

1st. That the glycogenic property is inherent in the tissue of the liver.

2d. That this property manifests itself during life, and a certain time after death.

In the *Philadelphia Medical Times* of May 26th will be found an elaborate account by Dr. Lautenbach, of the results derivable from 283 experiments performed by him in Professor Schiff's laboratory, and leading to these conclusions:—1. The liver has for one of its functions the office of destroying certain of the organic poisons. 2. A poison is being constantly formed in the system of every animal, which it is the office of the liver to destroy.

Cremation.

The Paris Municipality have agreed, on the recommendation of a committee, to petition for a law permitting cremation, though one member argued that the practice, not being forbidden, was already lawful. The Prefect objected to a second recommendation of prizes of 25,000 francs, 15,000 francs, and 10,000 francs for the best plan of carrying out cremation, considering the sums too large. A correspondent of the London *Globe* reminds his readers that the idea of cremation, started in the seventh year of the Republic, but allowed to remain in abeyance, owing to the opposition offered to such a project by the masses, has again been resumed by men who find that the Voltairian theories are accepted by a generation which regards with favor civil interments as a public protest against the rites offered by the Church. When

the Reign of Terror had peopled every cemetery, and the victims of the Revolution could no longer find a place of sepulchre, Citizen Cambry, a student of Greek history, who remembered the vengeance of Sylla in burning, under the pretence of honoring, the body of Marius, proposed that the funeral pile should replace the superstitious customs the Church had introduced into a country which had become sufficiently enlightened to emancipate itself and found a republic.

The Effect of Alcohol on the Ganglionic System.

The *Centralblatt* quotes from a French exchange the views of P. Oliver on this question. Oliver concludes, by reason of his experience with a case of leucocythemia in a drunkard, 61 years old, and from some data in the literature upon the subject, that alcohol has a direct influence upon the lymphatic system, and it can produce general ganglionic hypertrophy and leucocythemia.

Correspondence.

Puerperal Eclampsia.

Ed. Med. and Surg. Reporter:—

Having been a good deal interested in reports of cases of puerperal eclampsia in your journal, I will give some of my experience with regard to it.

I have been in general practice twenty-five years, and have had several hundred obstetric cases, but have had very few cases of puerperal convulsions. I recollect of only four; still, this number is sufficient, I think, to give me an idea of the disease, and justify me in forming an opinion in regard to some of its causes and treatment.

Case 1.—Mrs. C., young, primipara, general health good. Had been in labor a few hours; was progressing well, when, in the last stage, and pains very severe, she went into a convulsion, not very hard. As soon as possible I gave her an opiate, and all the quiet and encouragement I could, by way of talking. In a short time, less than half an hour, probably, the child was born. Soon after I gave her another opiate, and kept her under the influence of opium several hours. She had only the one convulsion. Recovered rapidly.

Case 2. Mrs. Q., aged 20, primipara, health good, labor protracted; gave her ergot pretty freely in last stage. Her last pain was very long and severe. Immediately after the expulsion of the child she had a very hard convulsion. I bled her first, then gave her opium; she had one or two very slight convulsions afterwards. Recovery good.

Case 3. A colored woman, young, muscular and plethoric. Pregnant five months or more. Severe pain in abdomen, with convulsions about every half hour, for several hours. Gave her anodynes for a considerable length of time without much effect. I then bled her. She was immediately relieved of both pain and convulsions.

Case 4. Mrs. H., aged twenty-five; had three children; was very adipose. In labor with fourth child, pains dilatory. At commencement of last stage took some ergot. Soon afterward I noticed symptoms of convulsions. Immediately I gave her a dose of bromide of potash. Directly she had a convulsion, but it was not very hard. As soon as it ceased, I gave her another dose of bromide, and the convulsive symptoms continuing, I repeated it four or five times within the next two hours; I gave her, in all, probably from sixty to eighty grains of bromide, after which all untoward symptoms disappeared, and she was delivered of a living child, although it was in a state of asphyxia when born, and required considerable time and effort to resuscitate it. The quantity of ergot given in this case was not large, but sufficient to increase the pains. The patient had a good getting up.

I have had a great many obstetric cases in which there were convulsive symptoms, but immediately on discovering them I would give some anodyne or anæsthetic, which seemed to ward off the convulsions. Bromide of potash and sulphuric ether have proved more valuable in my hands than any other drugs.

Of course there are a great many causes for puerperal convulsions, but in the cases that I have had, both where they actually existed and where they were threatened, the causes seemed to be excessive pain, and what is commonly called nervousness. And in very many cases a word of encouragement, an expression of confidence, and positiveness of a favorable termination of the case, has a wonderful effect in quieting the nerves. Wm. Sigsbee, M.D.

Mendon, Ill.

Case of Conservative Surgery.

Ed. Med. and Surg. Reporter:—

I have recently had the following case, and think it will be beneficial to report it to the profession:—

On the 18th of March, 1877, I was called in great haste to see a patient, a Mr. R. H. Hale's son, Otis, five years old, who had received a severe cut from an axe in the hands of his elder brother. The axe coming down upon the posterior portion of the right hand, made a clean cut through to the anterior or palmar surface of the hand, ranging from one-half of the first metacarpal bone, including the second, third and fourth metacarpal bones, severing everything through to the palmar surface.

When I arrived, about one hour after the wound had been inflicted, I found considerable

hemorrhage from branches of the palmar arch, which came within about one-thirty second of an inch of being involved.

The father would not consent for me to administer an anæsthetic, nor use any suture. I was therefore left to consider what substitute to introduce. I brought the parts in perfect apposition by means of small strips of cloth passed through between the fingers, and secured the strips with adhesive plaster around the forearm. I then passed a large bandage around the hand, completely enveloping it, and prescribed morphia sulphas through the remainder of the night and departed.

March 16th. On my second visit, to my surprise, I found my patient sitting at the table, enjoying a pleasant repast. He had rested well through the greater part of the night. I removed the external large bandage and found the wound doing exceedingly well. There had been a small hemorrhage through the night, but this had ceased an hour or so before my arrival. The wound looked as if it would heal by first intention, all except about one-third of an inch in the palmar surface of the hand toward the outer side. I replaced a neat bandage, and let the strips and adhesive plaster remain, and prescribed morphia sulphas, provided he should need it, and ordered cold water applications four or five times daily, sufficient to saturate the bandages and wound.

March 18th, third visit. Found the wound healed by first intention, all except the before-named part in the palmar surface, which had thrown out healthy granulations, and was discharging healthy pus. I redressed the wound, and ordered cold water applications as before. The patient had not needed the morphia that I prescribed at my second visit, had rested well enough without it. I think it prudent to state that the patient had not ceased to play with his toys since the evening on which the wound was inflicted upon him. Patient had not suffered much pain after the first night.

March 21st, fourth visit. Examined wound; found it healed, by first intention, all except the before-named part in palmar surface, which was doing exceedingly well; had needed no more morphia after first evening and night, up to date. I ordered cold applications as before. His hand is about healed up in the palmar portion; the patient, up to this date, August 10th, 1877, is perfectly well. There is left but a very small cicatrix. The wound in palmar surface left a small gristly cicatrix. The circulation is as good as ever in the fingers; they have their natural color. Patient has but little use of ring and little fingers; with this exception all is well with him.

I would be glad to hear from some of your energetic correspondents, as to how the circulation of blood was kept up in those three fingers, which were so completely cut off from all communication, except the first metacarpal bone. Was there not a new set of vessels set up. Yours truly

Good Hope, Pa. James L. Long, M.D.

News and Miscellany.

Correction.

On page 127 (current vol.), 26th line from top, for *back* read *lock*.

Dr. Sayre in England.

Dr. Sayre seems, from all accounts, to be having quite an ovation among our British Cousins; and probably no American surgeon ever before received such marked attention on their part.

The *Lancet*, for July 14th, announces his arrival in London, and offers him a cordial greeting, and in the issue for July 21st gives an extended account of the principal points insisted on by Dr. Sayre "in his forcible expositions of the pathology, diagnosis, and treatment of spinal curvature." All the late numbers of the *British Medical Journal* contain references to his visit. That for July 14th, in speaking of his demonstration at University College Hospital gives the details of his method of treatment of Pott's disease and lateral curvature, and those for July 21st and July 28th contain reports of his demonstrations at St. Bartholomew's and Guy's Hospital respectively.

His first demonstration of his method in London was at University College Hospital, by invitation of the Surgical staff, before an immense audience.

Tuesday, July 17th, he delivered a clinical lecture at St. Bartholomew's Hospital, at the invitation of Mr. Callender, and the same week he also appeared at the London Hospital. Wednesday, July 25th, he visited Guy's Hospital, by invitation of Mr. Durham, and "put up" two cases of Pott's disease and one of lateral curvature, before a large number of the profession. The first of the cases of Pott's disease was the daughter of Dr. Gooding, of Cheltenham, and the second a child of eleven, who had never stood, and the worst case, Dr. Sayre said, which he had ever seen. In less than half an hour he had the satisfaction of making her walk, which, of course, created the greatest enthusiasm among the audience.

On the day following, he "put up" four cases at the Royal Orthopædic Hospital, of which he had previously had photographs taken.

Dr. Sayre then made a visit to Birmingham, at the request of the branch of the British Medical Association located there, and by invitation of Mr. West, senior surgeon, gave a demonstration in the amphitheatre of the Queen's Hospital, which was crowded to its utmost capacity. He lectured for one hour, during the course of which the plaster jacket was applied to two cases of Pott's disease, and one of lateral curvature, and at its conclusion Mr. West made a fine address, and moved a "hearty welcome and thanks to the great American surgeon." The sequel is thus described by an eye witness: "Mr. Furnieux Jordan seconded the motion, with such a glowing

tribute, and in such fervid eloquence, that Dr. Sayre became completely overcome. He spoke of the millions of human sufferers, heretofore tortured by rack and screw, and even then, left miserable and misshapen, which would now be made easy and comfortable, and restored to perfect health and perfect form. He thanked God that the days of the hunchback had passed away, and that the instruments of torture would never again be resorted to. At the conclusion of his remarks there was not a dry eye in the house, and there probably never was such a scene in any medical meeting before. Tears of gratitude got the better of Dr. Sayre's ability to speak, and he broke down completely in his first attempts to respond. In a few minutes, however, he sufficiently recovered himself to express his appreciation of the sentiments just uttered, and shortly afterward so electrified the audience with his own enthusiasm that one would have thought the roof would go off the amphitheatre."

On the 6th of August Dr. Sayre was to go to Manchester to be present, as a delegate from the United States, at the annual meeting of the British Medical Association; after which he expected to devote himself for a time to the preparation of a work on the treatment of spinal disease, which will be immediately put in press by Messrs. Smith, Elder & Co., of London. During his stay in England he has been the recipient of much generous hospitality. Among the pleasantest of the entertainments which he has attended were a delightful breakfast, attended by all the principal men of the place, which Mr. West gave him at Birmingham, and a magnificent dinner in the Royal Hall of St. Bartholomew's Hospital, at which there were nearly four hundred guests present.

Power of Magnetism.

At the last meeting of the Academy of Natural Sciences of this city, a letter was read from Dr. Van Zandt, of New Orleans, describing his execution of a common domestic spider by the mere proximity of the arms of a horse-shoe magnet. This experiment was the text for some original views further upon the polarity of the living human body, with a concluding reference to the therapeutical importance of the subject. The subject is one of much interest, and deserves careful study.

Items.

—The Louisville Medical College has removed to new quarters, in a large and handsome building at the corner of Jefferson and First streets, very well adapted for the purpose.

—The American Association for the Cure of Inebriates, will hold its eighth annual meeting at Chicago, Ill., September 12th, 1877. Many important papers will be presented.

—Sir Charles Trevelyan has calculated that a fourth part of the population of London apply for and receive gratuitous medical relief during each year.

—A metallic thermometer has been constructed by M. Tresneschini, of Paris, and it is so very sensitive that the action of the needle is instantaneous. It consists essentially of the use of the expansive properties of a small leaf of platinized silver.

—From an examination of the influences of the excitations of the organs of sense upon the heart. MM. Couty and Charpentier have been led to believe that something else is necessary to account for such phenomena besides sensorial perception, and they suggest an ulterior cerebral work, to which they give the term. "emotional."

—Dr. Dutt, a Hindoo physician of Calcutta, describes a method of preparing paper for manuscripts, the object being to render the paper proof against insects and decay. The method of preparation is chiefly the use of a sizing made of arsenic tri-sulphide (orpiment) and an emulsion of tamarind seeds. The efficacy of arsenic for such purposes is not to be questioned, but the dangers of its use would probably surpass its advantages.

QUERIES AND REPLIES.

Toothache Drops.

SIR:—Will a caustic application in the shape of toothache drops applied to the gums produce ulceration of the gum, loosening of the teeth and symptoms of salivation? ALVUS.

Reply.—It would be well to know what ingredients are in the "drops."

SIR:—I have a patient laboring under a phosphatic diathesis, large quantities of a white gritty substance passing after urinating. I can give him no relief. Can you, or some one more experienced than myself, give me some light on the subject?

L. M. S.

Reply.—*Hydrangea arborescens* may be suggested.

What is the best preparation for coloring a solution of sulphate atropia when used in the eye?

Camden, Ark. G. W. H., M. D.

MARRIAGES.

BIRCH—BROWN.—On June 7th, 1877, at the residence of the bride's parents, by Rev. S. A. Davenport, Thomas J. Birch, M. D., and Maggie D Brown, daughter of George W. Brown, M. D., of Port Carbon, Pa.

BOLLES—SOUDER.—On August 15th, at the residence of the bride's sister, by the Rev. J. H. Mickle, of the New Jersey Conference, Dr. J. B. Bolles and Miss Emma F. Souder, both of this city.

DEATHS.

LESLIE.—At Annville, Lebanon county, Pa., of entero-collitis, Roger Sherman, only child of Dr. C. H. and Ella H. Leslie, aged nine months and twenty-six days.

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THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

COOLING THE BLOOD IN TYPHOID FEVER.

BY G. W. KIBBEE, M. D.,
Of New York.

The use of cold water as an antipyretic dates back to earliest historic times, but owing to the superstitions of the ancients in regard to the nature of disease, and to their dread of encountering the shock of cold applications, physicians found other means to lessen the dangerous temperature in fevers; and so, until quite recently, cold water has held comparatively little place among the substances used to reduce excessive vital heat. James Currie was the first in modern times to use the cooling treatment in fevers. He states that, of two hundred and twenty-nine patients suffering from typhus fever, treated with water during a severe epidemic at Liverpool, England, in the latter part of the last century, he only lost four, a mortality of not two per cent. This is a notable testimony in favor of the cooling water treatment when it is taken into account that public, or even private hygiene, was then scarcely thought of. Brand, of Stettin, says he did not lose a single patient out of a hundred and seventy treated with water during a pernicious epidemic. Many other physicians in Europe, distinguished for their learning and high standing, give the strongest testimony in favor of the effects of the cold bath, and cold wet bandages and compressers, in the treatment of typhoid fever. But Professor Sée, of Paris, condemns the use of the cold bath in the treatment of typhoid fever, and says it is not only useless, but absolutely dangerous, in the treatment of this affection, and puts his own experience and that of many others against that of those who testify in its favor. This disagreement among the medical savans of Europe, in a matter of such vital importance to mankind as the treatment of fever, calls for the exercise of our Yankee ingenuity to reconcile their conflicting statements, for there should be no doubt that both parties are truthful in what they assert. There can be no question in the mind of the student of pathology or morbid action in the living organism, that excessive vital heat is inseparably connected with all the morbid phenomena attending exalted vital action. But in order to free our minds from the entanglements occasioned by erudite studies in pathological phenomena, let us for a moment consider certain well-established physiological facts, and see what relation they bear to the subject under discussion. In the first place, it is rue that the vital force or life principle is the cause of all motion in the human organism, from the first cell formation until the last throb of the heart. That heat of about 98° is the prime and absolutely essential condition of life in the human body. That health is undisturbed vital action, or, in modern high phrase, vitality under favorable environments. That disease is disturbed vital action, or life under unfavorable environments.

That the causes of health are the presence and influence of those substances and conditions which are congenial. That the causes of disease, or disturbed vital action, are those substances and conditions that are inimi-

cal or unfavorable to the normal manifestations of vitality in the organism. That the presence or influence of hygienic substances and conditions excites the heart to beat and the lungs to respire with normal force and frequency; and that the vital heat resulting from that normal vital action is 98° and normal. That the presence or influence of any substance or condition that is inimical to life, stimulates the heart to beat and the lungs to respire with increased force and frequency; and that the exalted action is for the purpose of expelling the inimical substance, together with the refuse of the system through the depurating organs. That exalted vital action, which hastens the motion of the blood through the circulatory and respiratory systems, by augmented friction and increased oxygenation of the blood, raises the vital heat above that degree which is congenial to health, provided it is not removed as fast as it is evolved, by cold air or cool water.

That when the excess of heat above 98° is removed as fast as it rises, no more injury results to the organism, from that exaltation of vital action which is stimulated by yellow fever or scarlatina poison, than from that caused by the mental excitement which produces excessive beating of the heart and respiration of the lungs while skating rapidly in the cold air of winter, or while swimming in cool water with competitors for a prize.

That exalted vital action causes excessive heat, and the two together constitute fever.

That exalted vital action, even if the resultant excess of heat be removed as fast as it rises, will exhaust the available stock of vitality, and death of the organism be the result, if a man use it all up in his muscles, or otherwise, through mental control, or if it be exhausted in resistance to something deadly inimical, under the self-preserving instinct of organic life.

That every abnormal change of fluid or solid, in the composition of the human organism, that occurs under vital control, as in all fevers, is under the influence of excessive heat as a fermenting condition, and without that condition of excessive heat there is no abnormal change in blood or tissue, whether the organism is working rapidly to supply vital force to the muscles, or to expel inimical substances.

That none of the causes of exalted vital action and excessive heat, or fever, which are taken into the blood through the lungs, the seed poisons in all infectious and malarial fevers, have virulence enough in them to produce death of the organism, by exhausting the vital force in its resistance to them, if the excessive heat that is evolved by that resistance be removed as fast as it rises.

These physiological facts, and the axiomatic conclusions drawn from them, should enable us to distinguish clearly between the truth and error which have become so confounded through the contradictory statements of those distinguished men.

Let us first see wherein they agree. They all agree that the cold bath reduces the high temperature of fevers, that its effect is only temporary, and that the reaction is often so great as to raise the temperature higher than it was before the bath. But Dr. Louis Gignoux, of the University of Paris, and physician to the Hotel Dieu, of Lyons, says that he does not wait for the reaction to fully take place, but repeats the bath before the thermometer shows the same degree of heat that existed before the first bath was given. He also says that cold wet compresses are applied over the affected organs, the bowels in typhoid, the lungs in pneumonia, etc., constantly. There is one essential fact about which there is no dispute. It is conceded by all that in excessive heat lies the danger, and the contention is as to the best method of reducing it and holding it as nearly as possible at the normal standard.

Now, although it is not to be doubted that Dr. Gignoux has treated more than a hundred cases of typhoid successfully by the cold-water treatment, and that many of them were taken after severe complications had been permitted to arise, yet it is equally likely that others, of whose experience Professor Sée is the distinguished exponent, have not had satisfactory results from the use of so powerful an agent as cold water in cases where the complications were severe. It should be observed, however, that Professor Sée speaks only of severe and complicated cases, and he does not assert, as does Dr. Gignoux, that no medicine was given, and, as he highly favors quinine, we have a right to infer that there was a mixed practice. Dr. Gignoux's assertion that cases treated after Brand's plan, from the moment the diagnosis is confirmed, have no complications, and are therefore sure to recover, should be implicitly relied on, for all that might be inferred to the contrary by Prof. Sée's unfavorable observa-

tions on the cold-water treatment in complicated cases. There are only two methods of disposing of the excessive heat in fever. The first, and the one which has been practiced by the great majority of our profession from the earliest records of medicine, is to *prevent* the heat. Bleeding, drastic purgation, and narcotization were the great preventive trio that made up the practice of our fathers in medicine for generations; but they have been gradually falling off, and, as we believe, a more rational and successful method of preventing the excessive temperature in fevers has taken their place. The other method of dealing with the excessive heat of fever, is not to prevent its development in the system in the least, but to remove it with water at some degree of temperature cooler than the blood, as fast as it rises. Let us consider these two methods in the light of the physiological facts here noticed.

The excessive heat of the body, that which forms a part of the fever, and which constitutes all the danger, the other part being only the exalted vital action, which is nature's method of expelling morbific matters, is precisely the same in character as the normal heat which is produced under the stimulus of hygienic agencies, the only difference being in degree. There is nothing wrong, then, in the nature of fever heat; it is simply excessive in amount. As it has the same source as the normal amount of heat, both being evolved by the vital force, acting in one case under healthful stimuli to build up and sustain the tissues; in the other, acting in the defence of the organism against something inimical to it, any plan which lessens the resisting power of the vital force must contravene the purposes of nature in producing the exalted action of the heart and lungs. Now every substance in nature that is inimical to life, if given in sufficient quantity and persevered in long enough, becomes an antipyretic, although it may stimulate the vital force to the most violent resistance when first administered. Hence alcohol, in very large doses, lowers the vital power, and consequently reduces the excessive heat of fever, although in small doses it elevates the temperature by the expulsive action of the heart and lungs which immediately follows its use. Such is the case with quinine. Moderate doses increase vital action, and for that reason it is so extensively prescribed for chills during the cold stage, but when the hot stage supervenes, if a dose of twenty, forty, or more grains be given, the heart's action immediately lessens, and the excessive heat drops even below the normal standard. There is but one way of reducing the temperature in fevers—the use of cold; but every substance in nature that can be made to militate against the vital force may prevent not only excessive heat, but so much of normal heat that death will be the result. We have all seen the dead-drunk stupor of a man thoroughly alcoholized, and some of us have noticed that the breathing is very slow and stertorous, and the pulse is so feeble that it is scarcely perceptible, and the man is cold—so cold! and yet Professor Sée recommends quinine in massive doses, as, next to alcohol, the great remedy for fever. So here we halt between two opinions. Which shall we do, prevent the excessive heat, by lowering vital action, and thus interfere with nature's method of dealing with whatever is inimical, or reduce the excess by some method of abstraction? If the germ theory is correct (and there can be scarcely a shadow of doubt about it), the cooling treatment seems perfectly to accord with it, as the temperature most congenial to the development and action of these minute parasites is higher than that of our healthy blood, and when our fever heat is reduced they are rendered comparatively inactive. It seems useless to look longer for a substance that will destroy these bacteria in the blood without also impinging upon our own vitality; for all three of the great kingdoms of nature have been searched for two thousand years without our having found a harmless preventive of fever heat, and the bacteria have been with us all this time, and, as Professor Tyndall believes, have destroyed tenfold more of the human race than have ever fallen in battle. In the light of common sense and sound reason we are forced to adopt the cooling treatment for fevers. The only question is as to how that can be best effected. When I took my Degree in Medicine, and went out into the world glorying in the idea that my head contained the accumulated therapeutic wisdom of the ages, I soon found, what many others before me had found, that the results of our preventive treatment for fevers were very unsatisfactory. In simple kindness to my patients, I gradually commenced the use of tepid water, to reduce the heat of the skin, and in the course of time developed a theory and plan of treatment which I have followed for twenty-five years with the most

gratifying results. I have proved, to an absolute certainty, that the pouring of tepid water through a sheet, so folded that it will reach from the lower part of the hip to the axillæ, will, in a short time, two hours at most, reduce the highest fever heat to the normal standard, and hold it there for days, and even weeks, as in many cases of typhoid, which I have treated with invariable success, where the treatment began with the first exacerbation of the fever.

If any one of my medical brethren can give a sound philosophical reason for it, one founded in nature and physiological law, and can show that the results are invariably satisfactory, I will recommence the use of quinine and alcohol to goad the vital force when flagging in its efforts at expulsion, or to overpower it when it causes the heart and lungs to act with such force and frequency as to raise the vital heat to a dangerous degree. But one word about Professor Sée's idea of alcoholizing a typhoid patient to prevent the exalted vital action, the cause of the excessive heat. In my time I have had several calls to sit in council with my medical confreres who had treated their typhoid cases in the usual way almost up to the period of *articulo mortis*, a point past all hope from the use of any medicinal remedy known to the profession; and by simply adopting the tepid pouring process, the fearful internal heat was reduced to the normal standard, and held there by continued pouring, and equalized by applying artificial warmth to the extremities. In one notable case, that of Mr. Stanchfield, at Streator, Illinois, in the summer of 1869, my friend, Dr. Williams, administered a quart of brandy within the twenty-four hours previous to our council, not for the depressing purpose, as Dr. Sée uses it, but to stimulate the sinking energies of the system, and increase the peripheral action, the extremities having a great tendency to coldness since his "sinking spell" of the night before. All this time, however, the internal heat was in the neighborhood of 106°, above and below. He had been in a constant waking delirium for three days; no movement from the liver and small intestines for four days; tympanites to an extent that of itself would seem to render the case hopeless, and not a single encouraging symptom. All I did for that case, during the first eighteen hours, was to pour tepid water through a thickly-folded sheet that covered the whole trunk, and attended to warming the legs and feet, and arms and hands. I not only omitted the use of all stimulants, but did not give him even a spoonful of cold water during the first eighteen hours, on account of his unwillingness, in his half-unconscious state, to take anything into his mouth. Within one hour he was getting refreshing sleep; within eighteen hours immense quantities of exceedingly fetid bilious matter passed his bowels, and in three days he was clothed in his right mind and fully convalescent.

This is only one of many like cases. Are they all coincidences? Or is it not more reasonable to attribute them to the fact that the destructive high temperature was quietly reduced by the tepid pouring? With the light I have from my own extensive experience, not only in typhoid, but in every other fever known in this country, yellow fever included, I do not question the favorable results of the Brand system of using cold water. The desired thing is to cool the blood, and I have proved that it can be most effectually done by the free and persistent use of water whose temperature is but a few degrees below that of the blood, and that the cooling treatment in typhoid should be directed almost wholly to the trunk; the head needing no special attention if the blood is cooled in the citadel of life, the great vital organs. This treatment, instead of being unpleasant to the patient, is most quieting and agreeable. No reaction occurs, no exacerbations of heat; because the temperature is constantly held at the same degree by the tepid pouring, and the cool extremities are warmed by artificial means until the vital force gains full control. For many years I had great difficulty and annoyance in the matter of pouring the tepid water, as it involved so much wet and slop about the room, not to speak of the soiling and wetting of the bed clothes. This is now obviated by the introduction of a bathing cot, or fever bed, constructed with two bottoms, that upon which the patient lies being composed of a strong network of cotton cord readily pervious to water, and an impervious bottom of rubber cloth, so adjusted beneath as to catch and convey the water into a vessel at the foot. With this cot, any case of fever, taken at its incipiency, can be successfully treated with water whose temperature is agreeable to the patient.

The points to which I wish to direct special

attention are: 1. That the vital force, under all circumstances of health or disease, does its best to preserve the integrity of the organism. 2. That the increased action of the heart and lungs, in all fevers, is for the purpose of carrying the blood more rapidly to the depurating organs, that the impurities and poisons may the sooner be cast out; therefore, the administration of any substance, for the purpose of preventing or lessening the exalted vital action, in order to prevent the excess of heat, is simply fighting Nature. 3. The reason why excessive heat is dangerous to life, is because it directly converts impurities in the blood into poison, and serves, in all infectious and malarial causes of vital disturbance, as a fermenting condition to develop the bacterial germs into living organisms that destroy life by preying upon the blood and tissues. And last, the persistent pouring of tepid water over the trunk, through a folded sheet, so as to cool the blood to the normal standard, and hold it there, not only prevents all complications or morbid changes in fluid or tissue, which occurs solely through the influence of excessive heat, but it prevents all pain, and renders the patient comfortable during the whole time it takes the vital force to expel the cause of disturbance.

MEDICO-LEGAL OBSTETRICS.

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Scarcely any department of medical science, or legal science, as the case may be, is more neglected, both in the universities and out of them, than forensic medicine. We say "medical science or legal science," for it is extremely difficult to state exactly where the domain of medicine ceases and that of jurisprudence begins, and are rather inclined to the belief that the line is not to be drawn at all, but that like the vegetable and animal kingdoms, the one runs into the other, and as we have plants that are animals, and animals that are plants, so we have legal questions that are medical, and medical questions that are legal. Indeed, lawyers seem to pay more attention to the study than doctors, and the latter are not unfrequently "put to it," to answer the searching, medical, surgical or obstetrical questions, as occasion demands, of a well-posted and shrewd district attorney. In the universities abroad the course on legal medicine is well patronized by the students in jurisprudence, but decidedly cut by those in medicine. All this is not as it should be, and we would suggest that more careful and deeper study of the subject in general, which its interest and importance demand; a better knowledge of that, so to speak, neutral ground between law and medicine which belongs to neither, and yet is vital to both.

It is our purpose, in this paper, to consider, seriatim, a few of the points in forensic medicine bearing upon pregnancy. In the first place, can it be stated positively that a woman has been pregnant, or that she can or that she cannot become so? A woman that has been pregnant must have borne; it is well known that pregnancy and delivery leave traces behind whose presence is a tolerably certain proof that the person has been pregnant, but whose absence by no means proves the contrary. In early abortion these signs may not be relied upon, as there is not that marked laceration of the parts, more especially of the os uteri, that attends birth, either early or at full term. If the pregnancy has reached the tenth month of four weeks, or 280th day, it is very seldom that the small familiar scale-like scars on the abdomen and the cicatrical fissures on the orificium uteri are not found. If the person has only borne once, these and many other signs may, after a lapse of years, entirely disappear. With multipara this is never the case. One will very seldom be in a position to ascribe these effects to other causes than former pregnancies. Whether a woman will become pregnant or not is very difficult to say, because this depends upon circumstances that cannot be counted upon; with more probability the contrary is to be stated, especially, though not always, where malformation or probable hindrances are. With reference to simple flexions and versions, pregnancy follows proper treatment. To this rule there are, of course, exceptions, the percentage of which is decreasing.

The next point to consider is the menstruation—as regards whether a person can become pregnant who has never menstruated, or has only recently commenced having her menses? Absence of menstruation after puberty points to a fault in the formation of, or to disease of, the ovaries, whose integrity is necessary for ovulation and the attendant menstruation. Without ovulation conception is out of the question. And still it is, nevertheless, asserted that women who have never menstruated have

been pregnant. It is sometimes extremely difficult to get exact facts about menstruation, which can be, as to quantity and quality, so constituted that the person does not observe it; for her menstruation is a loss of blood, more or less abundant, that lasts several days. Little reliance can be placed upon the statements of women that they are pregnant without ever having menstruated. A young woman that does not regularly menstruate may, indeed, but still only in rare cases, become pregnant. There are many examples of persons becoming pregnant after a single coitus without ever having previously menstruated. On the other hand, it is doubtful if a pregnancy can take place after a suppression of the menses of several months' duration. Again, a person pretends that she is *enceinte*, or denies that she is so; can the truth be fixed?

By means of the signs that accompany pregnancy these questions can be decided. The subjective testimony of the person herself is unreliable; only the objective results attained by a thorough external and internal examination must be our guides. With the abdomen, are the breasts, as well as the other changes on the body, to be looked after. In this category are to be classed varix, œdema of the legs, fan-like injections, and distention of the capillaries, easily seen on one or both thighs; these are not necessarily conclusive, however, but rather, in a medico-legal view, invite our attention to pathological conditions that can also produce these same changes. How cautious and circumspect one should be is illustrated by the case of a maiden who, on account of a bleeding in the seventh month of pregnancy, was suspected of abortion. The monthly nurse and the physician, the latter on the statement of the former, affirmed that the party in question had borne. The maiden was condemned to six months in prison on November 6th, but on December 24th of the same year, 1872, was delivered in her cell of a healthy female child (Ann. d'Hyg., 2 Sér. xxxix, p. 137, Juillet, 1873).

On the other hand, where the menses are temporarily suppressed or delayed, for example, ten days or two weeks over the regular time, and then reappear somewhat more profusely than usual, the fact that abortion can take place at this early date is very significant. This phenomenon is quite frequent in uterine retroflexion, where conception is by no means impossible, and the discharge of the ovum, though accomplished by nature alone, devoutly unwished by the woman.

The cases that menstruate regularly throughout pregnancy and bear healthy offspring, as well as those that menstruate only once or twice after conception, should not be forgotten.

Can it be determined at what stage of pregnancy a woman is? If she acknowledges the suspected condition, her statements with regard to cessation of the menses, the accomplished coitus and movements of the fœtus in utero, will aid materially in fixing the period of pregnancy that she may have attained. If the existence of pregnancy is denied, we must depend upon the increased size of the uterus, upon the changes found at the neck of the uterus, upon the approximative weight of the fœtus. In the first few months it is difficult to affirm pregnancy with certainty.

How can it be shown that a person who claims to be pregnant is not so? The absence of the objective signs of pregnancy is a positive proof that no pregnancy exists. Only in the first two or three months could the internal examination be entirely unreliable; at a later period it is infallible.

Can a woman conceive without knowing it? It has happened that women in a drunken or anæsthetic condition have become pregnant. Consciousness and an active part in conception are by no means necessary. Experiments on women have confirmed what we knew earlier about the artificial fructification in animals. This fact, however, does not by any means prove that a person may have borne without knowing that she has been pregnant. Only an idiotic woman would deny her condition throughout the entire duration of pregnancy.

Can a person be pregnant notwithstanding that the genital organs possess the signs of virginity? This question is decidedly to be answered in the affirmative; numerous observations are on record where gravidity has taken place without the hymen having been disturbed; yes, it has even been seen to remain after delivery. Can a woman be pregnant without knowing it? This question would, at first glance, seem to be embodied in the one before the last, but upon nearer examination we see that, although a woman can conceive without knowing it, and can mistake her condition during the first half of gravidity up to the quickening, after that time it is impossible for her to ignore it. If she does not seek informa-

tion from those who can confirm her doubts, it is an evidence of bad will on her part. Can pregnancy cause fits of mental aberration, and does it interfere in general with that state known as "mens sana in copore sano?" Every kind of mental disease can develop itself during pregnancy, yet pregnancy, in and by itself, produces no impulse to steal, murder, or kill, etc, although such impulse has been in many instances, and will still be, ascribed to it. A woman *enceinte* possesses her free will, and is just as deserving of punishment, if she transgress the statutes, as when she is not pregnant; nevertheless, it is to be considered that a woman in this condition, which is to be regarded as an exceptional one, is more impressionable, and has less power of resistance, than in the ordinary manner of life.

Until what age can a woman become pregnant? Only in very rare exceptional cases does pregnancy appear after the age of forty-five years is attained. A glance at the Report of the Lying-in Hospital of Manchester, England, will show that from among 10,000 pregnant women received by the physician in charge 385 were from 40 to 50 years of age; 12 were 46; 13 forty-seven; 8 forty-eight; 6 forty-nine; 9 fifty; 1 each of 52, 53 and 54 years; only three, then, were over fifty years old. Women that in youth (20–25 years) have borne several children do not, as a general rule, bear after the fortieth year.

Can pregnancy extend beyond the regular time? From reliable observations it can be accepted that the ordinary pregnancy—from 270 to 280 days—cannot prolong itself beyond fourteen days. The time occupied by the act of labor itself is not included. The law declares every child legitimate that is born 180 days after marriage, and 300 days after divorce, or after the impossibility of cohabitation. In England, during a celebrated trial (1825), twelve out of seventeen obstetricians admitted that the accused was confined on the 311th day. According to the Prussian law the term of pregnancy for unmarried women is fixed at 285, for divorced or widows at 302 days. According to Hohl, the time ought to be extended exceptionally to 322, and even to 336 days.

In case of death of the *enceinte*, ought artificial delivery to be effected? In France no law exists that demands or forbids the delivery of a lifeless pregnant woman. The commission appointed by the Acad. de Médecine, in 1861, at Paris, to consider this subject, and report officially before that body, were of opinion "that a physician, convinced that he can extract a child capable of living from a lifeless pregnant woman, can, and ought to, perform Cæsarean section." The commission, however, preferred to leave the undertaking of the operation to the conscience of the physician, to giving out any legal instructions, which is to be much regretted. Nevertheless, it ought to be legally set down that the operation should be performed only on those that are really dead, and on such not before the 180th day of pregnancy; even under these conditions the success of the operation is doubtful, and the chances of the offspring for life minimal.

Such cases happen very seldom, it is true, but often enough to have some fixed legislation to meet them. In this country, as in France, all is entrusted to the skill and conscience of the obstetrician, which are great indeed, but doubtless he would be better satisfied if supported by the weight of law.

Sectio Cæsarea is older than the history of medicine or law. Traces of it are to be found in the mythology of the Greeks, who, without doubt, observed in their hecatombs that the young animal could outlive the mother. By command of Zeus, Hermes in this manner cut Dionysius from out the body of the dead Semele. Æsculapius, the founder of our science and art, was cut, by his father, Apollo, from the body of Coronis, previously killed by Artemis. Although mentioned in mythology, he actually existed, was surgeon-in chief of the Grecian armies, and rendered distinguished field service during the siege of Troy, before the walls of which city he dressed the wounded Greeks.

From the time of Rome, the Lex Regia, established by Numa Pompilius, has been handed down to us in the Pandects. This law forbade the interment of any dead pregnant woman, no matter at what stage, without the body having been opened. Pliny gives us several examples of children saved in this manner, and styles the operation Sectio Cæsarea. "Sicut Scipio Africanus prior natus, primusque Cæsarum a cæso matris utero dictus: qua de causa et Cæsomes appellati." "Simile modo natus et Manilius."

In later years, the Christian Church, having, on account of baptismal rites, a special interest in the preservation of this law, renewed it

through their canons; and that the practice was carried out, under the sanction of law, also in the Middle Ages, is proven by the fact that in the year 1000 A.D. there lived an abbot of St. Gallen and a Bishop of Constanz, who had been cut from out the bodies of their dead mothers.

From that period down to the present day, no law commands the performance of sectio Cæsarea upon the pregnant dead, and consequently no details are fixed as to what stage of pregnancy the operation can or ought to be carried out, under the circumstances. We now come to that division of our subject bearing upon the diagnosis of birth concealed and having occurred at a period more or less remote.

(To be Continued.)

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

At the session of March 7th, Professor William Pepper, M. D., read an article on the

Internal Administration of Nitrate of Silver, and on the Occurrence of a Blue Line Upon the Gums as the Earliest Sign of Argyria,

in which he said:—

The topical action of nitrate of silver given internally, even in small doses, may be said to extend throughout the entire gastro-intestinal tract, with, perhaps, the exception of the rectum. In addition to this, it appears to me to be established by clinical evidence that a certain amount of influence is produced on the continuation of the duodenal mucous membrane into the common hepatic duct, and possibly into the pancreatic duct. This local action is in part that of an astringent, but in addition it presents a peculiar alterative character. Its power of influencing nutrition enables the nitrate of silver to modify the morbid action of ulcers of the stomach or intestinal canal, and to cause the reduction of chronic inflammatory thickenings of the mucous membrane, and of hypertrophies of its glandular apparatus. Associated with this is its power of allaying morbid irritability of the nerves of the mucous membrane, and of influencing the secretions.

The exact form which nitrate of silver assumes after entering the stomach is not known, and probably is not the same in all cases. It is evident, however, that it cannot long retain its integrity. Probably it is sometimes converted into a chloride, though more frequently it would seem to unite with the albuminous peptones, forming a compound which does not coagulate albumen, and which is readily dissolved in albuminous liquids. In this form it may easily be understood how, even when given in minute doses, if frequently repeated and continued for a considerable time, it may produce a powerful action throughout the entire extent of the mucous tract before mentioned.

Among the special morbid conditions for which it has been recommended, on account of its local action, I would especially mention the following, based upon my own personal experience: in the stomach—gastric ulcer, chronic catarrhal gastritis, especially with frequent vomiting, or with pain dependent upon morbid irritability of the nerves of the mucous membrane; in the intestinal canal—cases of follicular (catarrhal) enteritis, both in the adult and in the child, subacute and chronic dysentery, chronic typhlitis, and tuberculous diarrhœa. I have also lately obtained remarkable results from the administration of nitrate of silver in cases of gastro-hepatic catarrh, with or without jaundice from occlusion of the ducts by tumefaction of the mucous membrane. Recent observation has, moreover, led me to believe that the administration of this drug in typhoid fever, as originally recommended by Boudin in 1836, is a very valuable element of treatment in this important affection. In addition to all of these must be mentioned the great value of injections of nitrate of silver in many forms of rectal disease.

With regard to its absorption and effects upon the general system, the evidence is no less satisfactory. The fact of its absorption does not, indeed, admit of doubt. Apart from the positive therapeutic effects observed, there is the actual proof of the detection of silver in various internal organs, and of its deposit in the skin after its long-continued administration. Given thus internally, the chief action of the salt would seem to be upon the nervous centres, whose nutrition it possesses the power of modifying to a considerable degree, though the precise mode in which this is accomplished is still uncertain. The diseases for which nitrate of silver is used in view of its constitutional effects are chiefly affections of the nervous system, such as epilepsy, chronic meningitis, and sclerosis of the spinal cord.

In regard to a remedy of such value and wide application, it is important to consider what difficulties attend its administration, and how they may be best overcome. The first difficulty which suggests itself is connected with the local irritant action which nitrate of silver occasionally produces. This, however, can always be avoided by giving the remedy in pill form, and by graduating the dose carefully in accordance with the sensibility of the stomach. Thus, my own rule is to begin the administration of this drug in doses of from one-sixth to one-fourth of a grain three times a day, to give it in pilular form, and soon after a little light food has been taken. If necessary, its irritant action may be still further guarded against by combining with it a small quantity of opium.

It is usually stated that when the local action

on the alimentary canal is desired, the drug should be given one or two hours before meals, on an empty stomach; while when the constitutional effect is desired, the pill should be given after meals, during the process of digestion. In most cases where nitrate of silver is given for its local action, it is necessary to employ a diet carefully restricted, both as to quantity and character; and it has seemed to me that the good effects of the remedy are not interfered with by its being administered half an hour to an hour after a very light meal, especially of a fluid character, such as skimmed milk or broth. It is certain that the danger of causing gastric irritation is much lessened when this drug is thus given, instead of being given on an empty stomach before meals. In cases where the diet allowed is not so rigidly restricted, and considerable quantities of food are taken at each meal, and yet the administration of the silver on an empty stomach causes irritation, I have found it useful to give a few spoonfuls of light arrowroot a couple of hours before the regular meal, and to administer the silver immediately after this.

The second great difficulty attaching to the internal administration of nitrate of silver is the tendency to discoloration of the skin by the deposit of the silver in its tissues.

Many rules to avoid this have been offered. My own, for a number of years, has been to continue its administration in doses of from one-fifth to one-third of a grain thrice daily until thirty grains have been taken; to then suspend it for one month; after that interval to resume and continue its administration until fifteen grains more have been taken; and again to withdraw it either permanently or for another month, to be then followed by a final course of fifteen grains, making sixty grains in all. One great defect, however, of such rules, is that they only fix a minimum dose without reference to the individual features of the case, and, of course, without any accurate knowledge of the proportion of the remedy absorbed in different instances. Thus, among other considerations which deserve attention, is the weight of the patient. In the case of nitrate of silver, as of many other drugs capable of producing an effect on the whole body, it cannot be doubted that one of the factors, in determining the amount that can be tolerated in any given case, is the weight of the subject. But when we consider the extreme value of this remedy in certain conditions, it becomes evident that what we need is a rule which will enable us to administer, in any given case, the maximum dose consistent with entire safety. It is with the hope of establishing such a rule that I venture to bring forward the results of certain recent observations that I have made, which go to show that *the earliest sign of argyria, occurring before there is any danger of the slightest discoloration of the skin, is a peculiar blue line on the gums.*

[After stating that this line had already been observed by Dr. Branson, Dr. Pepper added:]

A point of importance is its close resemblance to Burton's blue line on the gums, due to the saturation of the system with lead. Indeed, in some of the cases I have recorded, it would have been impossible to determine, by inspection alone, whether the blue line was due to lead or not. It may be said, however, that in other instances the color of the silver line is darker and more decidedly blue, and also that there is a tendency for the discoloration to extend to a greater distance on to the gum from the line of junction with the teeth, and also for it to affect the mucous membrane of the lips near the junction with the gums. It will hereafter be necessary, however, in any case where a blue line is observed on the gums, to investigate the history of the case, not only with regard to the action of lead, but also of silver.

At the meeting of the Society on June 6th, a very exhaustive report on the

Meteorology and Epidemics of Philadelphia in 1876

was read by Dr. Richard A. Cleeman. He observed:—

The most striking feature of the bills of mortality for last year is the increase in the number of deaths from *typhoid fever*. The mortality from this cause is 774, nearly double that for the previous year, and has not been approached in height since 1865, when there were 773 interments of those dead from the disease, in a population one-third less. After that year, for some reasons an exceptional one, the annual numbers of deaths from the fever were diminished one-half, and have little exceeded that proportion in any year until the last.

[After showing that this was probably owing to atmospheric influences, the speaker added:]

A probable source of pollution to the air, in my estimation, and one sufficiently extended to explain so general an epidemic, is the cesspool system of disposal of alvine excreta which prevails in Philadelphia. The vault which this requires occupies a place in the rear of every house, except that the meanest tenements are sometimes clustered round one which does duty to the whole group. These receptacles are often very deep, and their contents frequently undisturbed till their level approaches that of the surrounding surface. Directly from these the foul air carrying the poison ascends to reach the persons of those who visit the contracted houses which cover them; or it may even enter the dwelling-house, the doors and windows of which sometimes are but a few feet distant from the outside office. Again, the pits are often but imperfectly lined, allowing the noxious matters to penetrate into the surrounding soil: whether the poison can thence undisturbed reach the atmosphere above, may be doubtful; but as our streets are constantly being excavated for laying down or repairing gas and water pipes, and the yards of the houses and adjacent lots dug out for new buildings, the infected soil is likely to be at some time exposed directly to the upper air.

At the same meeting a paper on

Changes in the Nails in Fever

was read by Morris Longstreth, M.D., Physician for Out-patients, and Pathologist and Curator to the Pennsylvania Hospital. After speaking of some changes in the nails he had observed when he himself was passing through an attack of relapsing fever, he proceeded :—

Whilst, as is evident, these peculiar markings are of value in their indications of past events, is there nothing to be observed in the nails, which, at the commencement of and during the continuance of the fever, is of significance; or do we have to wait until the growth of the nail is resumed, and the white marking, as the trace of the fever process, has been protruded beyond the root and lunula? During the last four months, through the kindness of Drs. Da Costa and Hutchinson, I have been able to carefully observe, during the febrile movement, the appearances presented by the nails of many patients, especially the parts near the root, and also the relation which the epidermis has borne to the root of the nail. Here I have found a constant peculiarity.

Let me note the appearances that were seen. In the man who occupied Bed 16, during the relapse that occurred, in the very first days after the temperature had risen, the skin at the root, instead of separating from the surface of the nail, as it does in normal growth, maintained its adherence; in the latter days of the fever-relapse the skin was seen to be stretched forward on the surface of the nail to the extent of more than a line. In other words, the epidermal layer of the skin around the root became adherent to the horny nail further in advance of the root (by about a line) than is seen under normal conditions. The appearance is similar to that which any one may see occasionally on his own nail, or may produce by scraping with a knife deeply under the free edge of the posterior fold. This scraping in some way leads to adhesion of the epidermic layer of the skin on the posterior part of the nail; this layer, adhering, and, as the nail grows, being carried forward, and becoming stretched on the dorsum of the nail, covers the area of the lunula. By further growth (after the scraping experiment) this adhering epidermal layer is first separated from its skin attachments, and lastly is separated from the horny nail, leaving the surface which was scraped rough or lustreless. In the patient of Bed 16 the markings on the nail from the primary paroxysms of fever were seen in advance of the adhering skin during all the period of the relapse; they were within the area of the lunula, and therefore less distinct than subsequently.

In some cases of typhoid fever which I have seen lately, during the existence of the febrile movement, the condition of the skin around the root of the nail differed from that which I have described as usual. The patients to whom I refer were sailors, and in them I found that, from the greater hardness and dryness of skin incident to their manual labor, the epidermis was not adherent, but cracking and separating around the root of the nail. The condition of the nail underneath the projecting, but cracked and not adherent, skin was similar to what I have found in other cases in which I have artificially removed the adherent epidermic layer, *i. e.*, the surface was rough, and appeared to have a membrane adhering to it. In other words, the nail was not perfectly developed, and, although it had become hard, had not become smooth, polished, and truly horny. Thus, by carefully noting the adhesion of the skin to the nail, or the condition of the nail when such adhesion has not occurred, we have the means, independently of the phenomenon of fevers, of determining the occurrence of checked nutrition.

Therefore, adhesion of the epidermis to the nails, on all the digits, as I have described it, or the appearance as I saw it in the sailors referred to, taken in conjunction with a white line or furrow, would, I take it, be diagnostic of a relapse of fever, or other process which interfered markedly with nutrition.

Finally, it remains to speak of the minute changes in the nutrition of the nails which lead to the varied appearances presented by them. We have to account for the occurrence of less of lustre, and for that of the white or anæmic streak and of the furrow or ridge that commonly make their appearance. The latter two changes I consider to be identical; the one or the other, or perhaps both, result from the varying severity of the nutritive disturbance, and are therefore to be looked upon merely as differences of degree in one and the same process.

Let us consider first the loss of lustre. This diminution of the physiological mother-of-pearl appearance of the nail is, according to my observation, seen in advance of the anæmic streak, *i. e.*, nearest the free extremity of the nail. It never continues to exist very long, for continual use soon restores the normal polish of the surface. The loss of polish extends also backward toward the root, until it reaches the part of the nail developed normally, subsequently to the febrile process. That is, this change extends over all that portion of the nail which exists as the root, or is concealed beneath the fold of skin at its posterior part, during the period of nutritive disturbance. The lustreless part, in advance of the anæmic streak, corresponds to the area to which the epidermis adheres during the febrile process, or to the part which, when the epidermis does not thus adhere, appears rough, as though covered with a membrane.

The growth of the nail during the early part of the fever, and in the latter part, varies often very considerably, as the indications distinctly show. For example, what are the appearances presented by the nails in an uncomplicated case of typhoid fever in a moderately severe form? In the cases which I have observed, there have been seen, nearest the free extremity of the

nail, first the area of loss of lustre, then behind this the whitish streak, and behind this again the furrow. The nail, however, from behind the lustreless area has been depressed, the depression attaining the maximum in the furrow. From the depth of the furrow the nail has remounted more or less abruptly to the normal level, and has resumed the usual tint. The longitudinal striæ have been distorted in the area of the depression, and the nail in this area has been withal narrower than in the normal condition. These changes have corresponded with the fever history. The accession of the attack has been gradual. There has been adhesion of the epidermis, leaving as its trace a loss of lustre in advance of the white line. The new elements at the posterior border of the root have been slightly less developed, resulting in an opaqueness or whiteness. In the early part of the fever, growth has not ceased—note the stretching of the epidermal layer—the horny lamina has been pushed forward over the softer layer of cells beneath it, by the constant production, although imperfect formation, of the new elements which, at the back of the root, have been becoming horny scales. Toward the end of the fever period, when the nutritive disturbances have become more profound, the development of the new-forming elements at the posterior border of the root has been more interfered with, resulting in a loss of substance. When the fever has ended, the normal growth of the nail has been resumed.

In other cases which I have seen (for example, a case of acute rheumatism), the onset has been sudden and severe; the nails have presented the loss of lustre in advance; directly behind this has come the furrow, commencing with an initial, abrupt descent, having a variable width, and then gradually remounting to the normal level in correspondence with the gradual defervescence.

The following remarks on

Relapses in Typhoid Fever

were read by J. M. DaCosta, M. D., Professor of the Principles and Practice of Medicine in the Jefferson Medical College:—

First, let me say exactly what I understand by a relapse. I mean a return of the symptoms of the malady in all directions: return of diarrhœa, of eruption, of fever phenomena, of delirium, of pulmonary congestions. I do not simply mean those slight and mostly transitory accessions of trouble which we sometimes see in consequence of bad nursing, as of the patient being needlessly disturbed, or allowed to take improper food. I mean, therefore, a fresh outbreak which runs a definite course, and is often protracted, and may be dangerous.

It is only of comparatively late years that the occurrence of true relapses in typhoid fever has been admitted, and even now the fact is denied by some; while accurate observations on the mode and cause of the return of the affection are still greatly needed.

The relapse generally comes on in the second or third week of assured convalescence, and in the second oftener than in the third. It is not, I find—and in this the dissimilarity to the first attack is marked—preceded by the prodromic symptoms so common in typhoid fever. But abruptly, and almost without warning, the patient passes from comparative health into a decided febrile malady; pains, furred tongue, diarrhœa, enlargement of the spleen, soon appear, and on the fourth or fifth day the characteristic rose-colored rash is seen. Now delirium manifests itself; the temperature, which has risen rapidly, remains more stationary; and the case progresses with every symptom of the first attack to a more rapid issue, convalescence being the rule. Yet even the renewed convalescence may not end the trouble. Thus I saw a case in consultation, in which the second attack terminated in rather less than two weeks, but, after an interval of about the same period, another relapse took place, and this third attack became much protracted by intense pulmonary congestion, and several violent intestinal hemorrhages happened after the sixty-sixth day of the original seizure. Fortunately, however, the lad in whom these untoward events occurred recovered.

In these long cases there is great risk of the patient dying from sheer exhaustion; and even in less protracted cases a fatal termination may happen, from the high temperature or the intestinal complication. But on the whole I am correct, I know, in stating that the chances of recovery are always far better than in the first seizure.

As regards the cause of these relapses I am unable to offer a satisfactory explanation. They are attributed to errors in diet, and in several of the cases I have seen these seemed to have started the mishap. But errors in diet, which are not uncommon, usually occasion fresh outbreaks of diarrhœa, but not a typical fever attack, which is not a frequent occurrence. Most likely is it that a fresh poisoning takes place, either from redevelopment of the poison in the body, whether by the intestinal glands or elsewhere; or because part of the poison has remained latent since the first exposure, and owing to some exciting cause is called later into maturity—just as we see fresh outbreaks of malarial fever after worry or fatigue, and when there has been no chance for a new infection.

Let us recur to some of the symptoms of the relapse, and inquire whether they differ from those of the primary seizure. First, of the eruption: this, as already stated, comes on earlier; it is generally found on the fourth day, and is, as a rule, somewhat coarser and redder. It disappears on pressure, though not quite so quickly. It comes out in crops, not, however, with the same readiness; in other words, the early spots are more likely to last until the whole rash fades.

The appearance of the tongue is apt to be the same as in the first attack. Yet there are a few

phenomena worthy of notice. I have often observed, indeed, have learned to regard it as almost characteristic, that the tongue in typhoid fever shows at the tip a wedge of reddish or brownish surface free from coat. This rudely triangular space becomes covered with a coat as the disorder begins to decline, or else assimilates in appearance to the general aspect of the organ. Now, in the relapse this look of the tongue will also be perceived, but not generally either with equal distinctness or frequency. The same may be said of the deep transverse fissures found in severe instances of the malady.

Of the other symptoms of typhoid fever, not one exists that may not be equally present in the relapse; diarrhœa, meteorism, pulmonary engorgement, delirium, present nothing unusual or different. Nor are the complications of intestinal hemorrhage or milk leg unknown. In a case that came under my notice, phlegmasia dolens proved a troublesome and tedious complication. Enlargement of the spleen happens as in the original attack, and I learn from the article on typhoid fever in Ziemssen's Cyclopædia, that Gerhardt makes the statement that, in many cases in which a relapse takes place, the enlarged organ is not diminished during the non-febrile period which intervenes between the original attack and the relapse.

The question of the temperature during the relapse has interested me much. Nor, with the exception of some allusions to it by Wunderlich, can I ascertain that it has been specially studied. It has, I find, these peculiarities. Unlike the graduated ascending course, until the evening of the fourth or fifth day, which is the rule in ordinary instances of typhoid fever, the temperature bounds within twenty-four hours to a decided fever temperature, remits 1 to 1½° the next morning, and by the evening of the second day is a degree or more higher than on the first day, the thermometer very commonly marking 104°. Then, for from five to seven days, according to the severity of the attack, the evening figures read about the same; and a morning remission of about one degree, or somewhat more, happens, very similar to what we observe in the first attack after the initial period has passed. Subsequently occur the same more marked morning remissions and less severe evening exacerbations, until the temperature in a zigzag manner approaches to the normal that we observe during typical cases of the typhoid attack. Yet, as here, until convalescence is established, local complications arrest or reverse the daily descent. Neither do we always find, during the height of the relapse, that the temperature is as regular as described. It may sink almost continuously for the first three days after it has reached the height occasioned by the returning fever, and then for three or four days more gradually ascend without any morning remission, yet subsequently, as defervescence sets in, show the characteristic zigzag decline alluded to. The speaker concluded by detailing a case.

At the meeting, July 4th, the description of several cases of

Hemiopia and Decussation in the Optic Chiasm

was read by George C. Harlan, M.D., Surgeon to Wills Hospital, Ophthalmic and Aural Surgeon to the Children's Hospital, during the course of which he remarked:—

The theory of the semi-decussation of the fibres of the optic nerves in the chiasm is often spoken of as Wollaston's Theory. Wollaston is generally supposed to have been the first to suggest it, in 1824, to facilitate the explanation of a transient hemiopia occurring in his own case; but it is known that Sir Isaac Newton advocated the possibility of a semi-decussation in 1704. The name Müller is also associated with this theory, and it has been adopted, without question, in nearly all the standard text-books on anatomy, physiology, and ophthalmic surgery.

Within a few years this long rest has been broken by the defection of a number of pathologists and physiologists, who have advocated the theory of total decussation, maintaining that all the fibres of each optic tract pass across to the eye of the opposite side. The weight of authority and the best of the argument are still on the side of the older theory.

Though the theoretical discussions, which have been considerably extended on this subject, are often extremely ingenious and always interesting, any decision reached through them is, after all, merely an opinion, and no observations are positively conclusive that are not confirmed by post-mortem examination. I believe that wherever post-mortem evidence is entirely unequivocal, it will be found on the side of semi-decussation.

Supposing the theory of semi-decussation to be correct, an interesting point in the minute anatomy of the retina, that must depend upon the study of hemiopia for its elucidation, is the distribution of the nervous filaments at the dividing line between the two halves of the retina. The observations upon the exact position of the line of demarcation in hemiopia have been too few, and not sufficiently in accord with each other, to be much more than suggestive: as illustrated by the first case reported above, this line may even vary very considerably at different stages of the disease, while still continuing perfectly symmetrical in the two eyes. It is a significant fact, though, that whenever observers have not contented themselves with stating that half the field of vision has been obliterated, but have been careful to define the limits of the obscured portion with accuracy, it is found that this portion has been a little less than half. This, as far as it goes, supports the theory of Hirschberg, that there is a retinal zone, of about six degrees, which would be halved by a vertical line, drawn through the point of fixation, supplied in common from both optic tracts.

Another paper was read, on

The Ophthalmoscope as an Aid to Medical Diagnosis,

by Morris J. Lewis, M. D., Assistant Physician to the Children's Hospital. The speaker narrated a number of illustrative cases, and observed:—

It is not in well-marked cases of meningitis, where there is no doubt about the diagnosis, that the ophthalmoscope is most valuable, but in the obscure forms, particularly in the tubercular meningitis of children, and in meningitis complicating the exanthemata, where the outset is so often insidious. In metastatic meningitis, Huguenin considers choked disk as one of the most reliable of all signs. Ziemssen states that the stiffness of the neck may be entirely wanting in cases of cerebro-spinal meningitis, and Paoulucci even reports a case, verified by autopsy, in which there were no cerebral symptoms whatever; but neither of these authors reports the condition of the eye-ground.

The questions, What precise value is to be placed upon the ophthalmoscopic appearances in the diagnosis of intra-cranial diseases? and, What are the causes of the pathological conditions so discovered? have not yet been definitely answered, although there has been no want of diligent research in this direction by competent observers. Those who first used the ophthalmoscope, in cases of cerebral disease, were much more positive in their statements as to the differential diagnosis between the pathological changes discovered in the eye-ground, and their relative value as diagnostic signs, than subsequent observers; thus, Dr. Clifford Allbutt defines choked disk or ischæmia papillæ as the signal of intra-cranial tension, and neuritis as the signal of intra-cranial irritation, and states that these can be differentiated.

Acknowledging, for the sake of argument, the difference between the conditions, a second difficulty arises, for inflammatory and obstructive changes in the disk are frequently associated, either being the consequence of the other; both conditions, therefore, being present at the same time, it would manifestly be impossible, by mere ophthalmoscopic examination, to state which was the primary trouble, though this may be said not to be an objection to the theory, but rather a proof of the immature state of our knowledge.

It is not only in cases of brain tumor that the ophthalmoscope reveals morbid changes, but also in any condition that produces increased intra-cranial tension; this is particularly the case in the various forms of meningitis with ventricular dropsy; and, indeed, according to the statistics at present obtainable, the percentage of changes in the eye-ground in this condition is higher than in brain tumor. Thus, in the 90 cases of meningitis reported by Bouchut and Heinzel, neuritis or atrophy was found in 94.33 per cent of the cases. Dr. Hock (*Archives of Ophthalmology and Otology*, vol. v, No. 1) differs from the majority of observers as to the appearances of the fundus of the eye in meningitis, and states that, in his experience with cases of basilar meningitis in children, he has found the retina to be the part principally affected, and the optic disk rarely if ever at all swollen; he, however, draws no conclusions. Bartalot (London *Medical Record*, August 15th, 1876) arrives at very much the same opinion after observing carefully twenty-four cases. According to the former observer, infants show a greater predisposition than adults to the alterations of the optic nerve in the course of cerebral disease.

The second question, viz., What are the causes of choked disk? is not as easily answered as the first. According to Wadsworth (*British Medical Journal*, November 5th, 1874), "the direct progression of inflammation, from the base of the brain, along the optic nerve to the eye, has been anatomically proven only in rare instances," and Pagenstecher (London *Ophthalmic Hospital Reports*, vol. vii) states that he has never been able to satisfy himself that the morbid process has originated in this manner, and that the more he has employed himself in researches of this kind the more doubtful has he become as to this mode of origination of the changes met with in the disk; he strengthens his statement by reporting carefully seven cases, in four of which the "structure of the optic nerve, so far as it was examined, was perfectly normal," and in three other cases, "along with complete atrophy of the disk, there was also atrophy of the optic nerves all through the portions which had been removed for examination." These changes in the nerve he, therefore, looks upon as being a consequence, and not a cause of the choking.

The mechanical theory finds the most supporters at the present day, although the precise method of the origination of the obstruction to the return of blood from the eye is still a matter of dispute.

Von Graefe explains it by an increased pressure within the cranium retarding the return of blood by pressure upon the cavernous sinus, direct or indirect, which thus causes a venous stasis within the eyeball. Michel believes that the pressure on the sinus is brought about by ventricular effusion distending the infundibulum, and, as a consequence, interfering with the circulation in the cavernous sinus. An objection to these views arises in the fact that the sinus has quite rigid walls, and that the amount of pressure necessary to compress it would have to be far greater than that which is ordinarily found in intra-cranial disease; and, besides this, Seseman has shown that a free communication exists between the facial and the ophthalmic veins, which is sufficient to remove all stasis of the retinal veins, even should the sinus be occluded.

Schwalbe, by experiments, has proved that it is easy to distend the permeable space existing between the two sheaths of the optic nerve, from the arachnoid cavity, and that the fluid

collects around the insertion of the optic nerves; further experiments, by Manz and Schmidt, show that the fluid finds its way into both optic nerves, although only one arachnoid cavity be injected.

Axel-Key states further that the ventricles of the brain are in connection with the sub-arachnoid space, and that this latter space connects with a second space between the inner sheath of the nerve and the nerve itself.

It is stated that the choked disk is most frequently found in association with growths occupying the cerebellum and the posterior parts of the brain; the probable explanation of this fact is to be found in the greater likelihood of interference with the flow of blood in the sinuses and venæ Galeni, by growths in this position, and, as a necessary consequence, of effusion into the cavities of the brain. Benedict considers that an irritation conveyed by the sympathetic to the optic disk, causing an increased vascularity of the parts, is the main factor in producing choked disk, and alludes to his experiments in this direction with the constant current. In this, Pagenstecher follows him. Abadie calls attention to the experiments made by Claude-Bernard, in which section of the trifacial, behind the Casserian ganglion, caused ulceration of the cornea, conjunctiva, and tongue, although upon examination of the nerve trunks they were found to be perfectly normal; and suggests that the changes in the optic disk may be explained in an analogous manner. These last two theories, however, have very few followers.

In some cases of Bright's disease a condition in nowise distinguishable from choked disk is found. I do not refer to the well-known retinitis albuminurica. In only one such case, however, can I find the record of a post-mortem examination, and in that case the brain is said to have been normal. It is reported by Mr. R. Brudenell Carter. Much valuable information can be obtained by examining the eye-ground in cases of Bright's disease. The discovery of pronounced retinitis, or of marked retinal hemorrhages, should lead one to make a graver prognosis as regards length of life.

In this connection the subject of cerebral hemorrhage naturally arises, and as the diseased condition of the arteries, which is generally the cause of the hemorrhage, is frequently associated with renal disease, the condition of the retinal arteries and of the retina may be of great diagnostic value. In looking over the Pennsylvania Hospital case-books for the past three years, I find that every case of cerebral hemorrhage was associated with contracted kidneys and hypertrophied heart. Unfortunately, however, no ophthalmoscopic examinations were made before death, nor were the eyes examined after that event took place.

While believing that the ophthalmoscopic signs are of great value in forming a correct diagnosis of cerebral disease, I do not think that they have the transcending significance which Bouchut, in his recent publications, attributes to them; but I believe that they should always be considered in connection with the other symptoms, and that the physician who does not use the ophthalmoscope in these cases is neglectful of one of the most important aids in the elucidation of a difficult subject.

Editorial Department.

Periscope.

Hydrobromic Acid.

Edward Woakes, M.D., Surgeon to the Throat Hospital, London, writes to the *British Medical Journal:* This drug having established its claim to antagonize the ear symptoms occasioned by large doses of quinine, there appears to be but one step between this fact and the inference that it should be equally efficacious in analogous states of the ear arising from other causes. Viewing certain forms of tinnitus as possessing marked analogy to the condition induced by quinine—one, that is, of congested labyrinthine circulation—I have prescribed certain remedies with a view to the relief of this most distressing symptom; among these codeia, with some advantage, but not in any degree comparable to the results attending the hydrobromic acid. It may be needless to remark that the cases should be selected with a view to their appositeness to the presumed physiological action of the drug; and the indication which should be regarded as most distinctly pointing in this direction is that the noises have more or less of a pulsating, or, as the patient will describe it, a "knocking" character. The existence of vertigo, if present, will rather confirm the indication for the exhibition of the acid. The subjoined cases are intended to illustrate these remarks, and are taken from a number of others under recent observation.

F. C., aged twenty-four, was the subject of otorrhœa media, associated with tinnitus of a very distressing character. This latter symptom persisted long after the others had yielded to treatment. The patient, a fairly intelligent mechanic, described the noises as increased on lying down, when they became "like the knocking of his heart." He was ordered fifteen minims of hydrobromic acid in water every

four hours. At his next visit he stated that, after taking three doses, the noises had much diminished, an improvement which steadily continued, so that at the end of a week he considered himself well.

J. T., a chorister, aged thirty-three, presented an acutely inflamed condition of the lining membrane of the middle ear, which projected through a large central perforation of the drum-head. The external meatus was red and tender in its deepest portion, and near the membrane were two granular polypoid growths. There was abundant otorrhœa, of a very fetid description. After removal of the growths from the external canal, the subsidence of the inflammatory state of the tympanic cavity, together with the discharge, he still complained of pulsating noises in the head, increased by walking or stooping, headache and occasional giddiness. The hydrobromic acid was given, as in the previous case, with an equally rapid disappearance of all the symptoms associated with the tinnitus.

Two points appear important to secure the success of the drug. 1. The auditory apparatus must be clear of any well marked objective morbid process. 2. The tinnitus should present the characters of congested blood-supply, already alluded to. In mentioning the foregoing facts at a recent discussion at the Harveian Society, owing to the lateness of the hour, the distinctive indications for the successful administration of the drug were not insisted upon, an omission which, I trust, this communication will sufficiently rectify.

Salicylic Acid in Rheumatism and Typhoid Fever.

A Paris correspondent of an English contemporary gives the experience with this drug, of Prof. Sée of the Ecole de Medecine. Prof. Sée had promised to give the result of his further experience as to the efficacy or otherwise of salicylic acid in well-marked febrile articular rheumatism. M. Sée has redeemed his promise; and, in a recent clinical lecture, he stated that in this affection the curative power of salicylic acid, or rather of the salicylate of soda, which he has adopted as a more convenient preparation, is simply marvelous. He has also found it very efficacious in the chronic or non-febrile forms of rheumatism; and this would seem to be the limit of its therapeutic properties, at least as an internal remedy. He is not prepared to explain its *modus operandi;* but he is certain that it does not deserve the name of antipyretic in the proper sense of the term. That it reduces abnormal temperature there can be no question; but he has never noticed a fall of more than one degree or a degree and a half, and even then this fall was not persistent or regular, as after a time, whether the medicine were continued or not, the temperature rose to the same height as when the medicine was first administered. This would seem to accord with the experience of other observers. M. Sée is of opinion that salicylic acid and its preparations cure rheumatism, not by their antipyretic properties, but by some specific action on the morbific agent which generates the affection; for in these cases, besides their sedative and anodyne action, they seem to have some special influence on the morbid tissues, which they modify in an amazingly short space of time. He noticed, in more than one case of acute articular rheumatism, that the swelling, heat, and pain of the joints had disappeared, as if by magic, in less than forty-eight hours after the first dose of the salicylate of soda, and that without the aid of other adjuvants, beyond keeping the patient and the joints enveloped in cotton-wool. He warns physicians against employing salicylic acid or its preparations in typhoid fever; for, according to his experience, they are not only useless, but he would consider them dangerous in this affection. In some cases that came under his observation, he noticed that all the patients, without exception, became delirious; and in order to ascertain whether the delirium was due to the malady or to the medicine, he suspended the latter, and the delirium immediately ceased; when the medicine was resumed, the delirium came back. This experiment was repeated several times, and always with the same result, which, to my mind, is conclusive enough to induce other practitioners to be on their guard during the employment of the drug in question. Moreover, M. Sée foresees another danger in its administration in typhoid fever: owing to its corrosive properties, he would be afraid of perforation of the bowels, to which there is always a tendency in this affection, and the medicine would perhaps accomplish what the malady failed to effect.

The Operation for Phimosis.

The following directions are given by Dr. John Frissell, in the *Transactions* of the West Virginia Medical Society. Sometimes, especially in grown persons, the adhesions between the glans and prepuce do not exist, or are but slight, but in the great majority of cases among children, they are quite close and firm, rendering the separation of the membranes often a matter of much difficulty. Oftentimes a common silver probe will be found not sufficiently stiff to effect the necessary separation. In such cases, a good sized knitting needle, with a smooth, rounded point, will effectually serve the purpose. After the skin and membrane in front are separated sufficiently, a director may be passed up between the glans and prepuce, and all that can be gathered up of the latter should be divided by a single cut of a sharp-pointed bistoury or pair of scissors; the separation of the remaining portion of the prepuce and membrane (a portion of the latter being nearly always left) is then very easily effected. Should the frænum be too short, it can be divided to any required extent. I have found it best to stitch together the mucous membrane and the skin; healing is sometimes more rapid,

and there is less danger of hemorrhage, an accident which has happened to me twice at least, to my great annoyance, with patients who did not reside in the city, and besides the operation looks neater and has the appearance of a better finish. I am bound to say, however, that in cases where this has not been done, the final result has been equally satisfactory. By this method the glans penis is completely freed and exposed, the prepuce, in the course of time, becoming nearly natural in appearance. Where operations are performed in this manner, little or no after treatment is required, except cleanliness and water dressings. Many cases I have not seen a second time, and the recoveries have all been perfect. A mother's attentions are sufficient.

When Typhoid Fever is Contagious.

In an article by Dr. J. W. Lazzell, in the *Transactions* of the West Virginia Medical Society, the author draws the following inferences:—

1. That "typhoid fever" in its ordinary form is but very feebly contagious.
2. That a malignant or putrid form is communicable, and sometimes eminently so.
3. That a case may occur, seemingly sporadic or spontaneous, and yet prove a focus of contamination.
4. That constitutional predisposition renders some persons more liable than others, such persons taking it from the slightest exposure; and while the rule is to be affected only once, yet exceptional cases may contract it the second, and even the third time.
5. That atmospheric peculiarity renders it more virulent and communicable some seasons than others, a hot and dry season favoring, probably, its propagation.
6. That the system may be saturated or impregnated with the virus, which may remain latent for three or four weeks, or more, only requiring some disturbing cause to arouse it into action.
7. That the virus may remain for a length of time in clothes or fomites, provided they be kept in a confined condition, excluded from the air.
8. That stimulants were unsuited to the patients even in the later stages, and that, provided they were under a good system of management, the less medicine the better, as a number of the last cases treated on lime and water, and milk, did well, and all recovered.

Bovine Virus for Vaccination.

In the *Transactions* of the Missouri State Medical Society for 1877, Dr. R. M. Higgins reports very favorably on the use of bovine lymph in vaccinating, as superior to humanized virus. He has used the form dried on quills, with ninety-eight per cent. of success. He also presented very many testimonials of other physicians, equally flattering.

Reviews and Book Notices.

Notes on Current Medical Literature.

——The fifth "Toner Lecture" was by Dr. William W. Keen, on the Surgical Complications and Sequelæ of Continued Fevers. As a resumé of what has been observed on this subject, it is unequaled, and is enriched by a number of original observations. Price 25 cents. Smithsonian Institution, Washington.

——"Veratrum Viride, its Physiological Effects and Therapeutic Uses," is the title of a paper by Dr. J. S. Lynch, reprinted from the Transactions of the Medical and Chirurgical Faculty of Maryland. It is an almost too condensed synopsis of the subject.

——Dr. A. W. Pavy, of London, has recently given to the profession the results of his determinations of sugar in the blood. It forms an interesting physiological study. pp. 15. London, C. W. Reynell.

——The U. S. Pharmacopœia question is reopened by Dr. Squibb, in a rejoinder, including a reprint of the various assaults on him, making a pamphlet of over 150 pages. The writer sustains very ably the position he has assumed, and replies with point, and at the same time with courtesy, to his opponents. The question of copyright is set at rest by legal opinions, and the whole subject fully and fairly stated. Readers are aware that this journal, while not adopting in detail the plan first proposed by Dr. Squibb, very decidedly advocated a change in the method of issuing the Pharmacopœia and Dispensatory, and we are convinced that mature and unbiased reflection will lead the medical profession as a mass, in time, to the same way of thinking.

——The Sanitary Commission of Atlanta, Georgia, have published a volume of Proceedings and Reports, pp. 195. The president of the Commission is Dr. J. P. Logan; the secretary, Dr. V. H. Taliaferro; while Drs. Charles Rauschenberg and W. T. Goldsmith are the other medical members. The volume contains a series of interesting reports, especially one by Dr. Rauschenberg, on Sewerage and Drainage, and one by Dr. Goldsmith, on the Disposal of Refuse.

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OLD AGE AS A PATHOLOGICAL CONDITION.

The problem of the life history of races is one which calls to its solution the profoundest study of the antiquarian, of the geologist, and even of the astronomer. Each species and variety of species does not seem, in the mass, to undergo evolution and development into higher forms of life; this lofty fate is reserved for the select few, while the species as such passes through maturity to decay and extinction.

Applied to man, these reflections have some very direct and practical bearings. There are a number of reasons to believe that organic life has in him reached its zenith and meridian altitude; that henceforward in the life history of this planet, there will be gradual retrogression and a descent to inferior planes of being. It is even advanced, on grounds drawn from diverse sciences, that in the history of man the most brilliant intellectual epochs of his existence are, if not closed, at least almost so. Careful geodesic and astronomical studies fix the period of intellectual life on a planet of this size to a very limited period compared with its past history. Probably, more than half of this period is already gone. Then there are signs of the early failure of many varieties of the race. The fate of the natives of this continent needs no prophet to predict it. The Tasmanians have disappeared, to the last man. The Australians have greatly diminished. The New Zealanders and other Southern Pacific tribes are going with fearful rapidity.

It is claimed that races of greater vitality take their place. But what we call vitality may be deceptive. Modern art has probably added little to bodily vigor. Statistics tell the other way. All it does is to protect age and keep alive the invalids. This is what makes the mortality tables more cheering. There is much reason to believe that the general physical vigor of even the Aryan race is on the decline. One of the evidences for this discouraging conclusion, advanced by a well-known American zoologist, is the relative length of the period of old age in the individual man. In youthful races the individual does not attain old age till very soon (relatively to the entire life) before death. The relative duration of old age grows longer and longer as the race grows older, until, in races which are about to pass away, it becomes nearly equal to half the entire interval between birth and death, soon after which the race dies out.

That men age more rapidly in modern life seems certain; nor is it altogether explained by the competition and extra brain work they encounter.

Can we successfully take up arms against this threatened decrepitude? The case is not hopeless. Perhaps by taking thought we can even get the better of "the abhorred advance of years." Some years ago an American physician wrote a daring article on "the chemical prevention of old age." Defining clearly to himself that all vital processes are none other

than chemical ones, and those which are more particularly concerned in bringing about the physiological conditions of age are calcification and atheroma, he set to work to study whether a certain diet and regimen, assisted by certain remedies of well-known efficacy against these conditions, might not be devised, which would, if not prevent, at least long postpone these changes.

There is nothing absurd, nothing impossible, in the belief that a discovery of great value in this direction should be made. What is needed as a preliminary is a close appreciation of the histology of advanced life, an analysis of how it brings about failure of the powers, and experimental observations, in large numbers, on healthy elderly people.

Notes and Comments.

Pathology of "Broca's Convolution."

An interesting case, bearing on the seat of the faculty of speech, was lately reported to the Pathological Society of Dublin. Dr. Robert McDonnell presented the brain, with a series of illustrative photographs and microscopic sections, of a man aged 64, who became the subject of partial right hemiplegia, with recurrent aphasic attacks, lasting from five to twenty minutes. At last, complete right hemiplegia and sudden aphasia of the most marked kind occurred. In process of time the paralysis was partially recovered from, but the aphasia persisted until death. The only articulate sound the patient could make was "Ti-ti-ti-ti-ti-ti." He could whistle and sing, and was fairly intelligent. The motions of the tongue, larynx and pharynx were perfect; nor was there a trace of facial paralysis. After death the left third frontal convolution could scarcely be distinguished—the only remains of it being *débris*, granular degeneration cells, and connective tissue of the pia mater. The arteries of the brain generally were atheromatous; but the branch of the left Sylvian artery, supplying Broca's convolution, was completely blocked up. The secondary degenerations of the brain, medulla oblongata, and spinal cord were particularly well marked. Thus, transverse sections showed that the longitudinal fibres of the pons varolii were much atrophied on the left side. The left pyramids and olive in the medulla oblongata were similarly affected; but the degeneration of the cord was on the right side, below the decussation of the nerve fibres in the medulla.

Insanity Among Women.

In his last report, Dr. R. S. Parsons, Medical Superintendent of the New York City Lunatic Asylum, calls attention to the rapid increase of insanity among women, as shown by the number of admissions to the institution under his charge. All the patients admitted during the past year—478 in number—were women. Concerning the social position of these patients, farmers' daughters stand numerically highest in the list, amounting to 43, while farmers' wives number 9. This is a curious fact, and a companion one makes it read yet more strangely. Thus, 37 laborers' wives are enumerated, and 19 laborers' daughters. The figures are too decided to allow of any supposition of chance. After the farming and laboring classes, female domestics rate next highest, numbering 26 patients. Out of the 478 admissions 123 were for melancholia and 265 for mania in its various forms. The physical condition of most was good, and 150 were rated as "fair" on the subject of education.

A Contribution to the Theory of Vaginismus.

H. Fritsch, in the *Centralblatt*, June 20th, 1877, relates that a fissure close under the clitoris, five mm. long and one mm. wide, acted as a cause of vaginismus. The subjective symptoms asserted themselves more as a feeling of swelling and injury. With the healing of the fissure the spasm also vanished.

Vaccination Among the Chinese.

Vaccination is greatly appreciated by the Chinese, especially in the southern part of the Empire, and in the southern part of the Island of Formosa. The rule in China has been inoculation; but in the parts we have mentioned vaccination is preferred, and it is so prized that the people are willing to pay for it. Chinese medical students that have been trained by Dr. P. Manson, of Amoy, are frequently called upon to vaccinate Chinese children. Some of these, with others that have had no special training, find it a profitable employment to go round the country, from vil-

lage to village, for the simple purpose of vaccinating. They charge from fifty cents to one dollar, and it is said that some of them gain enough from a few months' practice to support them for the rest of the year.

Effect of Bromide of Potassium.

Echeverria, in his work on Epilepsy, says that in one case the bromide had to be discontinued at night, on account of its inducing lascivious dreams, with seminal emissions, where they never existed before.

Charcoal not a Good Dentifrice.

A correspondent of the *Dental Cosmos* states that charcoal is not a good dentifrice, because the action of the brush will work the particles of charcoal into the gums, and after a while they will have the appearance of being tattooed

Contaminated Water.

Professor Wanklyn thinks that the contagium of the diseases communicable by infected water are of an albuminoid character, and of such definite form, etc., as to be removed by efficient filtration.

Correspondence.

Letter from Paris.

Paris, August 12, 1877.

Ed. Med. and Surg. Reporter:—

This is the quiet season of Paris; fashionable doctors as well as fashionable patients have gone to the "waters," the mineral springs and the seaside. Preparations are, however, in hand, for a grand opening in the fall. The first great event will take place September 1st. On that day a part of the new Hotel Dieu is to open its doors to the sick. The architect has received orders to finish off, before that date, accommodation for 200 beds, and the 200 invalids who now occupy the old building will then emigrate thence to their new place. Some few have already gone there, but the belief is that it won't be ready to any extent, as, in spite of the time and money wildly wasted on this immense and ill-advised structure, it is far from complete in any part. It was to have been opened on the same day as the new Opera House, and by the late Emperor in person. *L'homme propose mais Dieu dispose.*

Another immense structure is the new School of Pharmacy. It is building in the Luxembourg Garden, and will occupy an extent of 17,000 square metres, a superficies about the same as half the Plâce de la Concorde. The principal buildings will be faced by a grand court, fifty-seven metres long, in which will stand the statues of Parmentier and Vauquelin. The lecture-room will afford accommodation for 600 students, who will be provided with laboratories in a building 80 metres in length, which is to face the Luxembourg. The whole building will rest upon the catacombs, and it is not expected that it can be completed sooner than 1880.

Army medical matters are attracting attention just now, apropos of the general uneasiness in European military circles. A new law was passed last month. The small stationary military hospitals are to be abandoned, only one to each corps d'armée being allowed. Except in this head-quarter corps hospital, the permanent military hospitals of Paris and Lyons, and the hot baths, the sick of the army will be treated in special wards in the civil hospitals, in charge of military surgeons when the effective of a garrison numbers 1000 men, should the military medical *personnel* permit. In case of insufficiency in this respect the military wards would be in charge of civil surgeons.

In view of the great exhibition next year at Paris, the Society of State Medicine and Hygiene is arranging for an International Congress of Hygiene here in 1878, somewhat like that of Brussels last year. I hope the United States will be represented more fully than it is likely to be in Geneva this year, at the International Medical Congress. Not a single name from our country appears on the programme!

Trephining is coming into fashion with the French surgeons. M. Broca has read a paper to show that it was practiced fearlessly on infants and adults as far back as the stone age. Dr. Bonnafont, well known as an aurist, trephined the tympanum a year ago in a young girl of twenty, who was suffering from deafness which nothing could remove. She could hear the ticking of a watch when applied to the skull. The tympanum was perforated by means of a special trocar, and an accompanying canula, provided with small wings, which could be pushed out *ad libitum*, was left in the tympanum. Restoration of hearing took place instantly, and recovery promptly ensued.

Professor Sée, the distinguished anatomist and surgeon has lately given some of his very favorable experience with salicylate of soda. He declares its effects to be really wonderful in acute and chronic rheumatism, gout, and neuralgia. In twenty-four hours it removed pain, in two or three days the fever and other symptoms. He did not consider it useful or efficacious as an antipyretic, but thought it was highly valuable through its various properties. He gave it in doses of from two to two and a half drachms in a solution, to be taken in the twenty-four hours in doses of one tablespoonful at a time, and he strongly recommended the continuance of the remedy, in gradually decreasing doses, for several days after the disappearance of pain and fever. His colleagues do not esteem it so highly, and perhaps the Professor is an enthusiast? Yours, A. F. K.

News and Miscellany.

The British Medical Association.

This Association met this year, at Manchester, August 7th, for its forty-fifth annual meeting. The President's address was read by Dr. M. A. Eason Wilkinson; the address in medicine by Dr. William Roberts, and that in surgery by Mr. E. Spencer Wells.

A lively discussion as to the management of the journal of the Association (the *British Medical Journal*) took place, resulting in an overwhelming vote in favor of its continuance under its present very competent editor, Mr. Ernest Hart. The report of the Council was presented, together with the usual reports, and the routine work gone through with.

The life of the meeting was in the Sections. A number of valuable papers were read, synopses of which will be given hereafter.

Toward the close of the meeting the chairman announced that a letter, signed by Mr. E Seguin, Chairman of the American Delegation in Manchester, had been received by himself. It expressed thanks to him and to the Association for the brotherly reception accorded to the representatives of the medical profession of the United States. The delegation hope that by the proposed introduction of more uniformity into the practice of physic the high standard of the English physicians would be more universally acknowledged, and they offered the heartiest encouragement to those who labored with the Charity Organization Society, London, for the legal recognition and medical treatment of all idiots and feeble-minded children as wards of this generous and mighty nation.

Items.

—Rebecca Taylor, who was employed as a nurse in the Massachusetts General Hospital from 1826 to 1860, died in Boston a few days ago, at the age of eighty-six. Her pay was continued from her retirement to her death.

—Professor Von Holtzendorff, the distinguished German jurist and lecturer at the University of Munich, is one of the most earnest opponents of capital punishment in the world, and argues and writes against it at every opportunity.

—Dr. W. F. Cooper, living near Charleston, West Virginia, was arrested in Cincinnati, August 24th, for poisoning his third wife. Both the former wives died suddenly, under what were considered suspicious circumstances, and it is now supposed he poisoned them also. The bodies will be exhumed, and examined for traces of poison.

—Dr. A. U. Leinbach, one of the leading physicians of Bethlehem, died last week, of neuralgia of the heart. He was a native of Salem, N. C., but since the war, by which he lost a large estate, was a resident of that town. He was a man of great ability, and largely devoted to science.

Personal.

Dr. C. C. Vanderbeck has been chosen one of the Surgeons of the Eye and Ear Dispensary, Thirteenth and Chestnut, in place of Dr. Reed, resigned, having charge of one of the ear departments.

QUERIES AND REPLIES.

Dr. K., of New York.—Dr. Ehrenstein has not published any further reports on the treatment of ovarian cysts, that we have seen.

Dr. J. M. J.—The most satisfactory treatment for the effects of early self-abuse we have tried is by the repeated introduction of steel bougies, combined with tonics, good diet, and strict sexual hygiene.

Dr. S. A., of Pa.—Prosper Lucas, Charles Darwin, Francis Galton, Alfred Huth, are recent writers on Heredity.

OBITUARY.

Dr. Joseph Worster,

An eminent practicing physician and surgeon of New York city, died of pneumonia, after an illness of ten days, on August 8th.

Dr. Worster had been a practicing physician in New York for nearly fifty years, and was at the time of his death about seventy-five years of age. He was a man of rare attainments, both as a physician and scientist, and he devoted his leisure, even in his later years, to scientific studies, with all the zeal and energy of a young man. His knowledge was notably comprehensive in all branches of science, and in the matter of geology, the investigation of which formed his best loved pastime, he was regarded as an authority. He enjoyed an extensive practice among the wealthy and cultured, and he wrote frequently for medical journals. He was a prominent Free Mason, of high standing in his lodge. He was a practical philanthropist, and was noted for the extent of his charities and his wisdom in dispensing aid where it was needed.

MARRIAGES.

Ott—Field.—On the 30th of April last, by Rev. Dr. Edgar, Dr. Isaac Ott, Physician to the University of Pennsylvania, and Miss Emma D. F. Field, eldest daughter of Dr. Field, all of Easton, Pa.

Post—Milford.—On Monday, July 23d, by Rev. Dr. George H. Houghton, Mary H., daughter of the late Edward Milford, and William E. H. Post, M.D., all of New York city.

DEATHS.

Hawthorne.—At Whitestone, Long Island, July 21st, 1877, Elizabeth A. Bayard, wife of J. N. M. Hawthorne, and daughter of Isabella and the late William Bayard, M. D., of West Farms, New York.

Hobensack.—On the 6th ultimo, Dr. J. N. Hobensack, of Philadelphia, in the 57th year of his age.

Jessup.—In Covington, Kentucky, on the 1st ultimo, Dr. D. H. Jessup, aged 54 years.

Knight.—On the 20th ultimo, George R. Knight, M. D., son of Owen and Phœbe Knight, of Philadelphia, aged 29 years.

Muhlenberg.—At Lancaster, Pa., on the morning of the 25th ult., Dr. H. E. Muhlenberg.

Post.—In New York city, on Monday, July 23d, William E. H. Post, M. D., in the 30th year of his age.

Turnbull.—At East Orange, New Jersey, on Saturday, 11th ultimo, John W. Turnbull, M. D., eldest son of James and Mary W. Turnbull, deceased, of this city, in the 61st year of his age.

Worster.—At his late residence, in New York city, Joseph Worster, M. D., in his 75th year.

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Professor of Chemistry and Mineralogy."

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C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
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MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

ACCOMMODATIVE AND MUSCULAR ASTHENOPIA.

Taken from a paper read before the Philadelphia County Medical Society, Feb. 23d, 1876.

BY FRANKLIN D. CASTLE, M.D.,

Surgeon to the German Eye, Ear, and Throat Infirmary, Philadelphia.

Stellwag's definition of Asthenopia is as follows:—"Asthenopia is the inability to maintain the adjustment of the dioptric apparatus, or of the optic axes, for short distances for a length of time: and the hyperæsthesia of the retina and ciliary nerves accompanying this inability." This definition, however, has reference to a condition which is fully developed, and in which all the symptoms of the affection are clearly defined.

The initial symptoms of accommodative asthenopia are sometimes rather obscure. There are cases in which, for some time, the patients only complain of a certain irritability of the eyes, which is brought on, or at least aggravated, by using them. They are somewhat photophobious, perhaps; the conjunctiva may be slightly hyperæmic, a condition which is aggravated by exposure to wind and dust. If the eyes are hypermetropic, there may, perhaps, be, from time to time, a slight tendency, in the one or the other eye, to turn inward. In these cases the patients do not complain of imperfect vision; they can see perfectly well in reading and writing; they only speak of unpleasant sensations in and around the eyes when they attempt to use them. Perhaps, if they try to thread a needle, they experience some difficulty in doing so. Here we have a picture of the first stage of a process which may develop into actual accommodative asthenopia, or also lead to strabismus convergens. We may suppose that in these cases we have before us a simple hyperæmia of the ciliary muscle.

In a more advanced stage of the process, where a somewhat paretic condition of the muscle manifests itself, it is very natural to suppose that, in consequence of long-continued hyperæmia, the tissue of the muscle has lost its original elasticity, and that finer organic changes have already taken place in its structure. That, in these cases, all the symptoms are occasioned by strain upon the ciliary muscle, is proved by the fact that the symptoms are promptly relieved by a suitable convex glass, provided the internal recti muscles are not also affected, in which case a prism must be combined with the convex glass.

The symptoms of accommodative asthenopia, when fully developed, are as follows: The patient notices, in addition to the unpleasant sensations in and around the eyes, that after using his eyes for a short time, in reading, for example, the letters become pale and indistinct. This is caused by the giving way, the diminished tension of the ciliary muscle, in consequence of which the convexity of the lens is diminished, and circles of dispersion of light fall upon the surface of the retina. If, now, the book is held at a greater distance, the ciliary muscle is to a certain extent relieved, as it does not have to render the surfaces of the lens quite

so convex as before. Soon, however, the necessity of a greater visual angle makes itself felt; the retina is too far removed from the letters of the book to admit of perceptions which have the necessary degree of distinctness, and the book is brought nearer to the eye, thus necessitating increased contraction of the ciliary muscle; this muscle, again, gives way, and in a short time both muscle and retina become unequal to their task, and the letters seem to swim before the eyes. In these cases, a species of hyperæsthesia of the retina is apt to be developed, producing a very unpleasant sensation of dazzling. It sometimes happens that the symptoms of insufficiency of the ciliary muscle which have just been described develop very rapidly, without the concomitant symptoms of pain, tension, etc., that usually accompany, and often precede, the symptoms of insufficient muscular action.

In making clear to ourselves what is to be understood by the expression accommodative asthenopia, we must sharply distinguish it from presbyopia, and from paralysis of accommodation. The first observation which the presbyope makes, is, that he is obliged to hold the book at a greater distance than formerly, thus reducing the size of the visual angle, and rendering the perception of small type difficult, if not impossible. This increase of the distance of the near point is owing to increase of density and greater homogeneity of the lens, which is thus rendered less susceptible of accommodative change of form. To this is superadded, with advancing years, senile involution of the muscle of accommodation. In presbyopia, we have to do with changes in the lens, rather than in the contractile and sensitive muscle, and hence we find the ciliary hyperæsthesia, which is so apt to manifest itself in accommodative asthenopia, absent in presbyopia. In paralysis of accommodation, such as occasionally manifests itself after diphtheria, for example, the range of accommodation is reduced to nothing, and, unless the eye be myopic in a medium or high degree, convex glasses, varying in strength according to the natural refractive condition of the eye, will be required in order to produce clear vision of near objects. Here, too, the symptoms of ciliary hyperæsthesia which usually accompany accommodative asthenopia are absent. If, however, as the muscle begins to recover, it is overtaxed, without having a portion of its work taken from it by means of a convex glass, symptoms of accommodative asthenopia may appear.

It remains to be mentioned, before we speak of the treatment of accommodative asthenopia, that this condition can occasionally be developed in myopes by wearing a too strong concave glass, and also by using a glass for near vision, which should only be used for a great distance. As is well known, a neutralizing concave glass, placed before a myopic eye, brings to a point, within the shortened clear visual distance, virtual upright images of objects beyond the far point, and the nearer the object is the nearer its virtual image will stand to the eye, and hence the greater will be the strain brought upon the ciliary muscle in its effort to render the lens sufficiently convex to concentrate the rays coming from the object in a focus on the retina.

In order to avoid thus artificially developing an accommodative asthenopia, we should, in prescribing a neutralizing concave glass for a myope, where the far point is at a greater distance than 10″, caution him against using his glass in reading, writing, etc. If we have a case of myopia where the far point is between 10″ and 6″ distant from the eye, we may prescribe a concave glass, which neutralizes the myopia, for greater distances, and should prescribe for reading, writing, etc., a glass whose focus lies a few inches beyond the far point.

In myopia of less than six inches far point, physicians are in the habit, for several good reasons, of prescribing glasses that are relatively too weak for distant vision, and it is generally found that in these cases the myope can use the same glass for near and distant vision with advantage.

The treatment of accommodative asthenopia is highly satisfactory. Sometimes all that is necessary is to correct bad habits on the part of our patient, to insist upon his working with a better natural or artificial light, etc. In general, however, we are obliged to relieve the hyperæmic or paretic ciliary muscle by prescribing convex spectacles, thus increasing the refractive power of the dioptric apparatus, and lessening the necessity of accommodative change of form of the lens, in using the eyes for short distances.

Now, the question arises, what power of glass should be used in any given case? and the question is answered by saying, that, in general, this can be best decided by experi-

ment, just as this is ordinarily done in hypermetropia, where asthenopic symptoms have not as yet manifested themselves.

In regard to the use of the opthalmoscope in determining the refractive condition of an eye, Mauthner remarks, in his "*Lehrbuch der Ophthalmoskopie*," as follows: "Does examination by means of the ophthalmoscope show us the real condition of refraction of an eye? It is manifest that it does, if the accommodation of the individual who is under examination is paralyzed by means of atropia. But it also gives us a true result if atropia be not used. If you tell your patient to look toward a distant point in the room, which is not very brightly lighted up during the examination, the eye gazes into the distance, without fixing its gaze upon any particular point, without perceptibly accommodating. It certainly is well not to examine in a small cabinet, and, moreover, the use of the weakly-illuminated mirror is perhaps of some use, as the dazzling light of a strongly-illuminated one continually attracts the attention of the patient, and so, perhaps, he may be tempted to bring his accommodation into play. In this way it is not difficult to determine emmetropia and myopia, also the degree of the latter." He also remarks with reference to hypermetropia: "In a number of cases, let the grade of hypermetropia be determined by means of the ophthalmoscope, and then the manifest hypermetropia by means of convex glasses. Then paralyze the accommodation of the eye in question by means of atropia. After maximal dilatation of the pupil and complete paralysis of the accommodation have ensued, let the hypermetropia be again determined by means of the opthalmoscope, and also by means of convex glasses. We shall see, on every occasion, that the grade of hypermetropia, as determined by the opthalmoscope, remains the same before and after the instillation of atropia, and that the examination of the eye by means of glasses, after the accommodation has been paralyzed, shows the same grade of hypermetropia as is manifested by the ophthalmoscope."

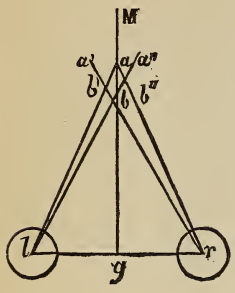
Even if we admit all this (which, moreover, is doubtful, Stellwag, for example, still maintaining that it is necessary to relax the accommodation of the eye examined, by means of atropia, if we wish to obtain trustworthy results), it still will not do to give in every case of hypermetropia, complicated with accommodative asthenopia, a glass which completely neutralizes the hypermetropia, for the same reason that we cannot always do this in cases of hypermetropia not complicated with accommodative asthenopia. We must not forget that the internal recti muscles, even if they do not participate at all in the original affection, often prove to be exceedingly sensitive, if we presume to take liberties with them by prescribing a glass which relaxes the ciliary muscle beyond a certain point. We must remember that in binocular vision a certain amount of accommodation presupposes a certain amount of convergence. Now, inasmuch as the distance of the object worked at or the book read may be considered as a fixed quantity, it may happen, if we relax the ciliary muscle by means of a convex glass beyond a certain degree, that the convergence, rendered necessary by the distance of the object, reaches or even transcends the limits within which it is variable, in accordance with the acquired relations of co-ordination subsisting between the ciliary muscles and the recti interni.

It is true that for a fixed convergence we may have a certain latitude of accommodation; a fixed convergence being given, we may have a greater or less contraction of the ciliary muscles, within certain limits, produced, and easily maintained. If, however, we use a strong convex glass, thereby relaxing the ciliary muscle to a great extent, thus forcing the recti interni muscles to contract, in order to maintain the necessary convergence, to a degree that is entirely incompatible with the relationship of co-ordination, which has already been formed by habit between the latter muscles and the ciliary muscles, we may, while we relieve the accommodative asthenopia, produce a condition of irritation of the internal recti muscles, which will manifest itself by the most unpleasant sensations of tension and actual pain whenever an attempt is made to use the glass, and which may lead ultimately to genuine muscular asthenopia. We must never lose sight of the relative accommodation, as it is called.

In order to explain more fully this subject of relative accommodation, which is simple enough in reality, let us make use of the diagram taken from Stellwag.

Let l and r be the centres of rotation of both eyes, lr the base line, and Mg the median line perpendicular to it. Let b be the point of binocular fixation, and bl, br, the visual lines. If we place convex glasses now before the eyes,

the virtual images of the fixed point *b* are displaced toward *a′ x″*, and as they fall in the visual line, are seen singly in the point *a*. Under such circumstances, the convergence for the distance *b* seems to be united with the adaptation of the dioptrical apparatus for the distance *a*. In other words, we lessen by a convex glass the work of the ciliary muscle, while the convergence remains the same, that is, the muscles of convergence are relatively overtasked. If the point *b* is not displaced too far away from the eye by the convex glasses, the muscles of convergence may adapt themselves to this new relationship. If, however, the point *b* is thrown too far away, the convex glasses are too strong, the muscles of convergence are relatively overtasked and painful sensations are developed in these muscles. Now, if, instead of convex glasses, prisms, with the bases turned inward, be placed before the eyes, which refract the rays coming from the point *b* as if they came from *b′ b″*, or what amounts to the same thing, from *a* (a prism always refracts the rays of light toward its own base), we have convergence for the distance *a* associated with adaptation of the dioptrical apparatus for the distance *b*. In other words, we lessen the work of the muscles of convergence, while the work of the ciliary muscles remains the same. Just as in the former case, the ciliary muscles may adapt themselves to this change in the convergence up to a certain limit. If, however, the prisms used are too strong, the ciliary muscles, relatively overtaxed, will give way or become painful.



Bearing this important relationship in mind, we can now lay down definite rules for the treatment of accommodative asthenopia. In many cases, we shall find that that convex glass —which renders the letters of the book deep black, yet does not enlarge them noticeably, and does not necessitate the holding of the book too near to the eye—will relieve the symptoms of asthenopia. A slight enlargement of the letters, if we find it necessary to use a strong glass, is without significance. A convex glass has the effect of advancing the nodal point of the eye, where the rays cross each other, toward the cornea, and hence enlarges the retinal image. The stronger the glass is, the further the nodal point of the eye is moved forward, and hence the greater the enlargement of the image. If, however, the glass produces a very great enlargement of the image, that is a sign that the ciliary muscle is relaxed to too great an extent, the glass is too strong, and if its use is persevered in, symptoms of muscular asthenopia will be sure to manifest themselves. Just as, when the ciliary muscle is overtaxed, objects appear too small oftentimes, a condition called micropsia, so, when the ciliary muscle is unduly relaxed, the opposite condition of megalopsia, seeing objects magnified, is observed. This condition of megalopsia, which depends, in reality, upon an error of the judgment, is to be carefully distinguished from the enlargement before adverted to, which depends upon the distance of the glass from the optical centre of the eye.

It often happens, in accommodative asthenopia, that we are obliged, in order to relieve the paretic ciliary muscle, to use a convex glass of such power, that the relations of coördination between the ciliary and internal recti muscles are very much disturbed; in other words, the internal recti muscles are strained to such an extent, to maintain the necessary convergence, that extremely unpleasant feelings of tension are developed in and around the eyes. In such cases, we must lessen the convergence by combining the convex glasses with abducting prisms, that is, prisms with the bases turned toward the nose. The necessary degree of the prism must be found by experiment. That prism which enables the patient to read with perfect comfort is the one best suited to the case. In these cases we are generally able, in a short time, to weaken the prisms, and finally to dispense with them altogether.

It sometimes happens that accommodative asthenopia is occasioned by insufficient convergence, the ciliary muscle giving way, because the maximum of the power of accommodation must be called into activity, which the existent degree of convergence admits of. In such cases, which are rare, adducting prisms, with the base turned outward, must be used, either alone or combined with convex glasses, as the case may be, in order to increase the convergence, and thus relieve, to a certain extent, the ciliary muscles. I have notes of

two such cases, both patients being old people, and hypermetropic in a high degree. They had been in the habit of using strong convex glasses, but found that after reading or writing for some time vision became blurred, and unpleasant sensations were excited in and around their eyes. The next stronger glass, however, did not afford perfect relief, and it was noticeable in both these cases. that a stronger glass obliged them to approach their eyes too closely to the book, thus proving that the glass was too strong. I was led by this combination of symptoms to suspect that insufficient convergence might be the cause of the trouble, and the suspicion was changed into certainty, when it was found that a prism of 2°, with the base turned outward, combined with the convex glasses. which they had been in the habit of using, relieved all their difficulty.

312 *South 15th street.*

IMPETIGO CONTAGIOSA.

BY ARTHUR VAN HARLINGEN, M. D.,
Chief of the Skin Clinic in the Hospital of the University of Pennsylvania.

Within the last few weeks there has appeared, in various parts of this city, an affection of the skin so unusual in its occurrence as to call for special notice. Some twenty cases have come to my knowledge, of which several were observed at the Dispensary for Skin Diseases in Eleventh street; others at the Hospital of the University of Pennsylvania; and some through the kindness of Dr. Yocum, of West Philadelphia. As the appearances presented were very much the same in all these, I shall only describe a single one, and shall add to my account a few remarks on the variations presented in other instances.

Mary R.. 9 years of age, apparently in good health, was brought to my Dispensary for Skin Diseases on the 20th of July, suffering from an eruption of the skin, which affected chiefly her face and arms, although a few lesions could be observed scattered elsewhere over the body. The eruption consisted in pin-head to pea-sized vesicles filled with a clear or slightly milky fluid, rising directly from the skin, with a very slight reddish areola, and no inflammatory base. Other vesicles, or rather bullæ, were larger, even to half an inch in diameter, but these had invariably collapsed, in some cases displaying a thin pellicle, such as is ordinarily observed over a blister the contents of which have been evacuated. In other instances the pellicle had become rubbed off, leaving a raw surface not unlike that of a recent burn, or, rather, looking not unlike the surface exposed when the cuticle has been removed by a blister. In one or two places the raw surface presented the appearance of a very shallow erosion. Here and there the lesions could be perceived in an evidently later stage, being covered in some places with a light yellowish crust, somewhat detached at the edges, with occasionally a patch from which the crust had fallen, leaving a dusky erythematous area, but without infiltration. The arrangement of the eruption was peculiar and characteristic. The smaller vesicles usually occurred singly, and were mostly found over the forehead, back of the neck, and scalp. About the nose and mouth the larger lesions described were grouped together, frequently coalescing and forming irregular patches, covered with thin straw-yellow crusts. On the right wrist a single patch of the lesion, about an inch in diameter, could be seen, which resembled precisely an imperfectly blistered burn. There were two or three lesions, evidently of the same nature, situated on the buccal mucous membrane, one over the roof of the mouth, and one on either tonsil. They presented the appearance of very shallow erosions; the surface velvety, red, and with a shred of pellicle about the edge. The child did not complain of any pain or annoyance, and had not, by the mother's account, suffered any febrile reaction. The lesions were evidently free from itching, since no attempt whatever was made to scratch or rub them, except in the region of the mouth, where children of the lower classes are so apt to use the hands for the purpose of removing any dirt or excess of the normal secretions of the parts. According to the mother's statement, the affection had lasted about ten days. She said the lesion first made its appearance as a very small "bleb," which filled up, grew to the size of a pea, and broke, usually within twenty-four hours. So soon as it broke it began to spread, until it reached the size of a dime or quarter-dollar, and then a thin skin began to form over it, which after a few days scaled off, leaving a dusky-red patch behind. Having had several patches of the affection on her own person, the mother's testimony as to the absence of sensation was quite reliable, and she was very posi-

tive upon this point. As regards the origin of the affection, the mother supposed they had "caught it" from a neighbor's child. Four members of the family, the mother and three children, were similarly affected.

The case just cited was a typical specimen of the whole group, which resembled it in all essential points, although differing now and then in some unimportant particular. Thus, in some instances, the original vesicles, after growing to the size of a split pea, became umbilicated and dried up, leaving a thin crust, without any abrasion. In several cases where the patient was unhealthy the eruption assumed the appearance of impetigenous eczema, thick yellowish-brown crusts formed, and the disease took on a more serious and disfiguring aspect. The patients were nearly all children; occasionally parents would show one or more vesicles, but no well-marked case occurred among adults.

Desiring to satisfy myself as to the contagious character of the affection, and also to watch the course of the eruption, I inoculated myself. Scraping the surface of the skin over a small spot on my forearm, as if preparing to vaccinate, I laid upon the abraded surface a drop of clear serum, taken from a typical vesicle on the forehead of one of the patients under observation. A strip of isinglass plaster was placed over the spot, which was allowed to remain untouched for twenty-four hours. At the end of that time a pale yellow bleb could be seen through the plaster, occupying the whole surface of the abrasion, perhaps a quarter of an inch in diameter. On removing the bit of plaster the pellicle came away with it, leaving an eroded surface, resembling a very shallow ulcer. This was left uncovered. At the end of forty-eight hours a vesicle, perhaps the size of a large pin head, could be perceived, along side of and connected with the original vesicle of inoculation. This last was now covered with a translucent crust. At the end of five days the area of the newly-formed vesicle, which meantime had collapsed a few hours after its appearance, had become enlarged to the diameter of one-third of an inch, and was covered with its flaccid pellicle. A new spot had appeared spontaneously in the meantime, about half an inch from the other lesions. This proved abortive, and never went beyond the papular stage. At the end of a week all that remained of the original lesion was a closely-adherent brownish crust; the secondary vesicle was umbilicated, covered with a thin yellowish crust, and was evidently drying up rapidly. A drop of serum from the secondary vesicle, inoculated in the skin at the distance of half an inch, gave, too, a precisely similar vesicle. There was never the least sensation of burning or itching in any of the lesions. No treatment was employed. In the course of a fortnight the eruption had entirely disappeared, leaving only two or three small reddish stains.

To one accustomed to encountering the various diseases of the skin, in their different forms, from day to day, the diagnosis of these cases of impetigo contagiosa could present little difficulty. To the general practitioner, however, whose attention has never been particularly drawn to dermatology, such cases would be likely to be very puzzling. Impetigo contagiosa is, as I have said, a rare, or, at least, an unusual disease. Out of some four thousand cases of skin disease observed by me in this city during the last few years, I have never, until this time, met with a single instance of the affection. Cases of impetigo contagiosa have been reported in some of the journals, from time to time, but only the most recent text-books on dermatology give any description of it. Perhaps the most clear and concise description of the disease is given by Duhring,* to whose work any one desiring fuller information is referred. I shall only add here a few remarks upon the diagnosis and treatment of the affection.

Impetigo contagiosa is most likely to be confounded with eczema pustulosum (impetigenous eczema), or with simple impetigo. From eczema it is distinguished by its contagiousness, by the discrete character of the eruption, the peculiar crusts† which result from the vesicle, and by the facility with which it is cured. In addition, the lesion of impetigo contagiosa does not itch. From impetigo, properly so called, impetigo contagiosa is to be differentiated as follows: "The initial lesion in impetigo contagiosa is a vesico-pustule similar to that of vaccinia; in

* "Diseases of the Skin;" Philada., 1877; p. 285.

† At the time the notes on my cases were recorded I had not particularly examined the description of the affection by other writers, and perhaps did not lay as much stress upon these characteristics as they deserved. The crusts are usually described as the size of area of the bullæ, flat, straw color, dry, granular, elevated above the integument. As they desiccate, the crusts become detached at first about the margin, when they present the appearance of being "stuck on."

impetigo it is a perfect pustule. The lesion of impetigo contagiosa is quite superficial; that of impetigo has a deeper seat. The pustule (vesicle) of impetigo contagiosa is flat, and is often marked by umbilication; that of impetigo is rounded, conspicuously raised, and is without central depression. The crusts of impetigo contagiosa are straw-colored, those of impetigo are yellowish or brownish. Impetigo, moreover, is not contagious."*

As regards the treatment of impetigo contagiosa, this is usually simple. The affection ordinarily runs its course within ten days or two weeks, and tends to spontaneous recovery. In this respect the prognosis is very different from that of eczema. The main point is to guard against transmission of the affection and auto-inoculation. In order to do this, it suffices to cover the lesions with some mildly stimulating ointment, as the benzoated oxide of zinc ointment, or a weak ointment of white precipitate. Where there is any cachexia or a low condition, tonics are called for, of which the syrup of the iodide of iron is perhaps the best.

LOSS OF ONE TESTICLE NOT INTERFERING WITH PROCREATIVE POWERS—UNFORTUNATE INTERFERENCE OF THE PATIENT IN HIS OWN CASE—RECOVERY.

BY H. A. SPENCER, M. D.,
Of Erie, Pa.

As I noticed, in the last number of the Reporter, an inquiry by a regular physician, whether "the loss of one testicle would interfere with procreation," I take the liberty of reporting the following case, which will answer his request, and, perhaps, be of some interest to the numerous readers of the Reporter:—

While practicing in Waterford, in this county, one dark, stormy night in the month of April, 1856, I was requested to visit Isaac H. (now deceased), of McKean township, who, the messenger informed me, had met with a very serious accident. The distance being six miles, and the roads in an awful condition, it was midnight before I arrived at my destination. Upon entering the room of my patient, I discovered at the first glance that Isaac had met with some very severe injury, and that the greater portion of the life current, that gave him usually a ruddy appearance, was gone, leaving him bleached, and looking shiny and ghastly. After administering a stimulant, I succeeded in getting from him and his family the following history of his case:—It appeared he had been out gunning in the afternoon, and while in the act of jumping down from a log, six feet from the ground, struck upon the stump of a projecting bush, that had been cut off in a slanting manner, leaving it quite sharp at the point; this sharpened point penetrated the scrotum, at the lower portion, and when Mr. H. examined himself he found his left testicle hanging pendent two inches below, and entirely out of the scrotum; no injury to the organ, only the wound in the scrotum. This was a little more than Isaac had bargained for, and not taking much time to consider the matter, he decided the quickest way to dispose of the case would be to remove the testicle, and therefore, instead of returning the protruding member to its normal position, he took out his jack-knife and severed the spermatic cord, artery, etc., and as he was then one-half mile from home, at once started for the house; but, alas! "Man proposes, but a higher power disposes." Isaac soon discovered his pants saturated with blood, and even his boots were fast filling up with the vital fluid pouring from the seminal artery; it was at this juncture that he began to think that he had probably in his impulsiveness treated his case badly. Soon faintness came on, and he fell to the ground. After lying there for some time he attempted to get up and go on again, but soon discovered that he had lost too much blood to even sit up; and as it was getting dark, he made up his mind that his only chance was to lie still, and try and get strength sufficient to halloo and bring some one to him; this he did, and as his wife had became alarmed, and got a neighbor to go and see what detained her husband, they happened to take the correct course, and soon came within hearing of the unfortunate hunter. After reaching him, they soon procured a team and conveyed him to his home, and I was summoned, as before stated. I found that after nearly all the blood had run out of his system nature had stepped in (as she always does), and a clot was formed that filled the entire scrotum, and distended it almost as large as the patient's head, and the hemorrhage ceased. I kept him quiet, and in a horizontal position; used cold applications, nourishing diet, and

* Duhring, loc. cit., p. 284., art. Impetigo.

in a few days the clots passed out of the scrotum, followed by some inflammation and suppuration, but he had no untoward symptoms, and in a few weeks was all right again. He called at my office five years after his injury, and said to me, in a laughing mood, that he thought that two testicles were superfluous, as he had had an addition of a nice boy and girl to his family since he met with the unfortunate occurrence.

Hospital Reports.

DISEASES OF CHILDREN.

CLINICAL SERVICE OF DR. WM. PEPPER,

Professor of Clinical Medicine at the University of Pennsylvania.

REPORTED BY S. M. MILLER, M.D.

Heart-Clot in Diphtheria.

[The following case, from which a specimen was obtained which served as a basis for the lecture, was seen in consultation with Dr. Yarrow, who kindly furnished the notes of the early days of the attack.]

I. C., a very healthy girl, aged six, had a sharp attack of diphtheria about December 10th, 1876. The membrane disappeared on the fifth or sixth day, but recurred forty-eight hours later, and she was much more ill than at first, with very extensive formation of pseudo-membrane. She was treated throughout with full doses of quinia, tincture ferri chloridi, potassium chlorate and solution of iron, and chlorate of potassa applied locally to the fauces. Again the membrane disappeared, also the swelling of the cervical glands, and the subcutaneous infiltration, which had been extreme, slowly subsided; she regained strength and was apparently beginning to convalesce early in the third week of the attack, when she was seized with vomiting. The urine was slightly albuminous; no microscopical examination was made. The vomiting was constant, and resisted every effort of a most judicious kind for four days. I saw her with Dr. Yarrow on December 29th. It was agreed to stop all food by the mouth; to give injections of Valentine's beef extract, with three grains of quinia and two drops of tincture of opium, every four hours, and by mouth a powder of calomel, one-third of a grain; soda bicarbonate, two and a half grains, every three hours. A blister was applied to the epigastrium. She was then very restless, tossing from side to side; the pupils were dilated, surface very pale, extremities not cool, tongue slightly coated, dryish; epithelium rough, and papillæ prominent. It was difficult to ascertain whether there was epigastric tenderness, it certainly did not seem to be intense. More minute examination was avoided for fear of producing vomiting. The next day she seemed better, had vomited only once in twenty-four hours, and had begun to retain a few drops at a time of milk and lime water. The injections had all been retained. The tongue was a little less dry, but the child quiet and indisposed to speak. The pulse was small and weak, but not more so than seemed natural, considering the exhaustive character of the attack. The powders were now ordered to be given less frequently; injections, also, at longer intervals, and a little more nourishment, with a few drops of brandy cautiously given by the mouth.

December 31st, vomiting had entirely ceased; the child had retained teaspoonful doses of nourishment about every two hours; the injections had also been taken regularly and retained. The surface was pale, and perhaps slightly cool, but this was not specially noticed; pulse small, but regular, 85–90 in a minute. There was no cough. The heart and lungs were examined, and nothing unusual noticed. There was no valvular murmur, the sounds were faint, but neither tumultuous nor confused. About twelve drops of tincture opii deodor. had been given, in divided doses, during twenty-four hours. The amount of nourishment by the mouth was increased. Full doses of quinia were continued by injections. Two or three hours after our consultation it was noticed that the child's feet became cold, and that this soon extended to the knees and arms. The child's appearance changed; she gave a sudden gasping effort, and a motion, as though to push the mother away, and died without further struggle.

At a post-mortem examination, made on the following day, intense congestion of the liver was found, with enlargement and a deep purplish color. The kidneys were also deeply congested, the secreting cells of the tubules being in a state of "cloudy swelling." The spleen was slightly enlarged from engorgement. There was no pleural or pericardial effusion. The lungs were pale, retracted and crepitant. The right cavities of the heart were enormously distended. The auricle contained much soft, dark, clotted blood. There was a firm white clot entangled in the tricuspid leaflets, and extending from there into the right ventricle, where it was very tightly attached to the muscular trabeculæ by delicate prolongations; was thence prolonged into the pulmonary artery, the calibre of which was, to a great extent, obstructed by a firm, white, ante-mortem clot, which was moulded on the leaflets and closely apposed to the walls. The left cavities of the heart contained less blood, but here also there was a large firm ante-mortem clot obstructing the mitral orifice, partly filling the left ventricle and prolonged into the aorta. The muscular fibres from the heart were in advanced fatty degeneration, their transverse striation being in places completely obliterated. The contents of the stomach were only ingesta. Its mucous membrane was for the most part not much congested; but at one spot, near the middle of the greater curvature, there was

intense congestion. Otherwise the stomach was entirely normal.

The occurrence of heart-clot is now known to be among the dangers in so many diseases that it demands careful study. It must be understood, of course, that I only refer to such clots as are formed in the heart some considerable time before death, and which play a principal part in causing death. It is well known that whenever the act of dying is protracted, heart-clots are apt to be formed. But these have little or no pathological significance. The true ante-mortem heart-clot is distinguished by certain anatomical characters, which are unusually well illustrated in the above case. It is whitish, firm and tough; it is apt to be moulded on the inequalities of the inner surface of the heart, and may be tightly attached by delicate prolongations passing around the muscular trabeculæ. The circumstances which favor the formation of such clots are quite various. Attempts have been made to explain their production, but none of the theories have been fully substantiated, or can be applied to all cases. Among the conditions which predispose may be mentioned:—

An excess of the fibrinous elements of the blood, roughness or vegetations of the leaflets of the valves of the heart. obstructions to the circulation of the blood, failure or momentary arrest of cardiac action, and the introduction of certain specific poisons into the blood. There are doubtless other conditions, but these are the most prominent, and often several of them are associated in a single case Thus, in diphtheria, there is a greater tendency to the production of corpuscular fibrinous exudations than in other zymotic diseases, and the blood contains a larger proportion of fibrinous element. There is also a marked tendency to degeneration of the cardiac muscular fibres, with great enfeebling of its action; not rarely, also, there will be found slight evidences of endocarditis, in the form of minute bead-like vegetations on the mitral leaflets. The latter were not found in the above case, but the degeneration of the muscular structure of the heart was marked. The tendency to heart-clot in diphtheria is, accordingly, so very strong that it must never be forgotten or lost sight of. This accident may occur at any stage of the disease, and not rarely, as in this case, it takes place after convalescence seems established. I have also known it to occur at an earlier stage in cases which were apparently doing perfectly well. The only special determining influence which I have suspected in such cases has been an undue amount of muscular effort. This, therefore, should be scrupulously avoided in all cases of diphtheria, for this as well as for other reasons. Although usually followed by death, it is important to be able to detect the occurrence of heart-clot, if possible. The symptoms which may be stated as indicative of this condition are anxiety and great dyspnœa; pallor of face and coolness of extremities; small, frequent pulse; and obscure, dull heart-sounds, with occasionally a blowing murmur. It will be seen that the symptoms we have detected in the case here published were peculiarly obscure. I am inclined to regard the violent vomiting as one of the first results of the heart-clot. The obstruction to the entrance of blood into the right cavities of the heart caused intense congestion of the liver and of the mucous membrane of the stomach. This would readily account for the obstinate vomiting, and careful examination of the stomach after death failed to reveal any other cause. It is true that there had been found, a few days before, a trace of albumen in the urine, and that the early stage of kidney disease, with cloudy swelling of the epithelium, existed; but these do not suffice to account for the sudden occurrence of such violent and uncontrollable vomiting, without any symptoms of anæmia. Considering the marked ante-mortem characters of the clots, it must be admitted that they had existed for several days before death; yet until a half-hour before death no symptoms occurred to call special attention to the heart. It is true that they may have been masked by the frequent vomiting and the slight opiate effect which was maintained. There was no extreme dyspnœa, however, and the pulse was regular and not very rapid. There was also nothing special about the heart-sounds, which were observed to be merely faint. It is important, therefore, to note how insidious may be the formation of heart-clot, and how closely we should be on our guard against it. When finally the clots attained such size as to seriously obstruct the orifices of the heart, and prevent the closure of the valves, very characteristic symptoms appeared, and were rapidly followed by death.

The prognosis in cases of heart-clot is very grave. Still, in a few instances, it cannot be doubted that the clot has gradually contracted and finally become attached to some part of the heart's cavity, where it has not interfered seriously with cardiac action, and thus life has been saved. In other cases it is possible that a small clot may have undergone gradual molecular disintegration, and have been distributed without occurrence of serious embolism. This fortunate termination cannot, however, be hoped for in any given case, and nearly always death follows in from a few hours to a few days.

The most important part of the treatment is prophylactic, as the marked tendency to formation of heart-clot in diphtheria is probably connected with the special alteration of the blood, and there is no remedy known which will avert this dreadful accident. But there is little doubt that, by judiciously sustaining the tone of cardiac action, and by carefully guarding against all muscular exertion, especially in the way of sitting up or rising to the feet, a good deal may be done to lessen the danger of its occurrence.

Should it become evident that the formation of heart-clot has taken place, the only treatment to be recommended still is active stimu-

lation of the tone of the heart. The various remedies which have been advised, with the idea that the solution of the clot might be promoted, are useless. Ammonia is valuable, not in this latter way, but simply as a stimulant to respiration and circulation. Alcoholic stimuli and concentrated nourishment must be given as freely as seems called for by the prostration and the depression of circulation. I should place more reliance upon digitalis, freely administered, than upon any other remedy. Absolute avoidance of muscular efforts must be insisted on. Still, as before stated, it is only in very exceptional cases that death does not follow.

Editorial Department.

Periscope.

The Therapeutics of the Neuroses.

By Dr. Berger, *Privat-docent* (Breslau).

Reports of the Society of Silesia, for Home Culture, Medical Section, 1876. From "*Allgemeine Medicinische Central-Zeitung.*"

TRANSLATED BY C. C. VANDERBECK, M.D., PH.D.

Phosphorus, in a toxicological point of view extraordinarily important, and manifoldly studied, has almost entirely lost its earlier therapeutic renown. Recently the English have sought to restore it to its former rank, and they have employed it as a superior remedy in the diseases of the nervous system, especially for *neuralgia*. (Radcliff, Broadbent, and particularly Thompson.) Dr. Berger has tried the remedy in twenty-two cases of neuralgia, but he is by no means able to corroborate the brilliant results of the English authors. It is true, five of these cases were cured under the phosphorus treatment, but these were only of short standing; in the majority of the cases the remedy produced no effect, though the most of these by another method of treatment were cured or improved. In six cases which remained entirely unhealed, the prolonged use of phosphorus produced no effect. From this, it seems that its brilliant anti-neuralgic effect is very doubtful, and Berger would advise, especially on account of the unfavorable effect of the remedy upon digestion, not to use it too extensively.

The remedy was used, moreover, in six cases of a peculiar nature, which, until now, has little been considered as an independent affection, for which, up to this time, no precise anatomical foundation exists. The author would designate this condition (without desiring to offer a theory of disease in the name) as hemi-æsthenia cerebralis. He understands by this a condition of pathological exhaustion of the higher psychical functions, which can proceed to a nearly complete incapacity for intellectual activity, without there being any symptoms of a palpable lesion either of the brain or other organs. It does not depend upon general debility, nor is it a partial expression of some other disease, but the neurosis stands out independently as a prominent symptom, around which other accompanying symptoms of only secondary importance (especially transitory disturbances of sensibility) are grouped.

All of the patients were young men from the educated classes, the majority being individuals predisposed to nervous conditions. Mental over-exertion formed the chief cause of this perplexing sickness; perplexing, as the patients are often compelled to withdraw from their avocations for years. Such persons are generally, though incorrectly, classified among *hypochondriacs*. Tempini employed phosphorus as a sovereign remedy for an analogous condition (hirnparese). The author has not been able to state in one of these cases a good result from the use of phosphorus, even after using the remedy for several months. The majority were improved, however, by a prolonged mental rest under favorable climatic conditions, as Alpine air.

PHOSPHATE OF ZINC.

Berger has tried this remedy in fifteen different cases of nervous affections (neuralgia, chorea, singultus hystericus, etc.), in doses of five to eight milligrammes, three times a day, in pilular form. Only twice was a favorable impression produced in hemicrania; the paroxysms appeared a little lighter and of shorter duration. In all other cases no decided influence could be obtained. By a prolonged use of the remedy light dyspeptic symptoms were produced.

The Medicinal Value of Jaborandi.

The *British Medical Journal*, July 7th, states that in the Highgate Sick Asylum, under the care of Dr. Dowse, special observations were made on the action of the newly introduced remedies, jaborandi, gelseminum, salicylic acid, etc., and modern instruments, as the cardiograph and ophthalmoscope, were brought into daily requisition to elucidate complete diagnosis. Dr. Dowse said that his experience of the use of jaborandi did not lead him to think highly of its therapeutic value when given alone, yet it was often of great use, when combined with other drugs, to promote elimination. In the following case of Bright's disease, its efficacy

was well shown. J. A., aged seventy-three; urine pale, gravity 1.010; albumen copious; hyaline casts. He had irritable heart, troublesome dyspnœa, painful and swollen joints. Five grains of the extract were given three times a day with alkali and digitalis, producing profuse ptyalism and sweating. Under this treatment, the joints soon became free from pain, the swelling of the limbs and the dyspnœa subsided, and she was rapidly improving in every way.

Dr. Dowse said he at one time thought that jaborandi would be found of value to reduce the night temperature of phthisis, but after a long experience he found such was not the case. He referred to its efficacy in promoting the flow of milk where the mammary gland was inactive after parturition, and remarked that its physiological action was of the greatest interest and importance, especially when compared with the action of belladonna, to which it was in every way antagonistic. One curious feature relative to its action, which had not been noted by M. Vulpian, was the re-secretion of pilocarpine from the blood by the submaxillary gland. A patient who was taking it stated that if he re-swallowed the saliva produced by jaborandi, it then produced profuse sweating; whereas, on the other hand, if the saliva were ejected, only slight perspiration resulted.

Diabetes in Children.

M. Reden reports his studies of the etiology of diabetes in children in the *Gazette des Hôpitaux*, No. 44. He finds that parents the subjects of gout, arthritism, herpetism, scrofula, or certain nervous affections, insanity, convulsions, etc., may either produce children who are all diabetic, or only some diabetic and others exhibiting other forms of vitiated constitution. In more than one half the cases the disease manifested itself before the ninth and twelfth years. The affection has been so often overlooked that it certainly occurs much more frequently than is suspected, and should be always sought for when a child seems to be suffering from any ill-determined form of disease. It seems to occur pretty equally in children of both sexes. Polyuria is of nearly constant occurrence, the quantity of urine being proportionally greater, as well as the quantity of sugar eliminated. Polyphagia exists in four-fifths of the cases, and wasting is an early and rapid symptom. The pulse is very frequent. The disposition of the child undergoes in the progress of the disease great change; the child, from being restless, excitable, and mischievous, becoming dull and taciturn. Complications are of less frequent occurrence than in the adult, probably because of the shorter duration (from some months to two years) of the disease. Dryness of the skin is an extremely frequent characteristic, and this symptom alone may in many cases give rise to a suspicion of this disease. Phthisis, which is usually regarded as a frequent termination of the affection, was only observed in four out of twenty-two deaths, and even in these it was doubtful that it was the cause of death. The children die in a state of marasmus, life being insensibly extinguished, and sometimes there is a state of coma. The prognosis is not so fatal as it has hitherto been considered, for of thirty-two cases at least six were cured, the recovery being always contingent on the prompt recognition and early treatment of the disease. On these conditions a great proportion of cures, which may be rendered permanent by appropriate hygienic measures, may be obtained; while, when the diabetes is overlooked, or only recognized too late, it will always prove fatal. The treatment consists almost entirely in appropriate regimen and hygiene, and should be of the same character as that employed by Professor Bouchardat for the treatment of the adult.

On the Administration of Santonin.

Mr. E. M. Boddy, M.R.C.S., etc., writes to the *Medical Times and Gazette*, July, 1877:—

There is no doubt that santonin is, for many reasons, by far the most efficient anthelmintic which can possibly be administered to children, and its combination with calomel I have found to be most advantageous in every respect. Santonin, like every other therapeutic agent, requires care in its administration; and if it is allowed to remain in the system it acts deleteriously, like certain cumulative medicines. This pernicious after-action one, of course, seeks as much as possible to obviate, and the only way to do so as regards santonin is to combine it with some purgative, such as calomel, which carries it off.

According to Falck, of Marburg, if santonin is allowed to remain in the system, we get a substance called xanthopsin, into which santonin is supposed to be transformed under certain circumstances which at present are not well ascertained. This xanthopsin is excreted by the urine, giving it a remarkable yellow color, causing a similitude to that secretion passed in jaundice, and its presence there is easily detected by caustic alkalies, which redden the urine. No doubt it is this xanthopsin which gives rise to those dangerous symptoms that have been so largely dilated on of late, and which many attribute to santonin only, forgetting or ignoring the presence of xanthopsin; and this mischievous action I have found, from experience, to be entirely counteracted, or rather prevented, by administering calomel at the same time.

I generally administer santonin combined, as I have just said, with calomel, or I give it preceded and then followed by that drug; but one plan is as good as the other. The results of so giving this anthelmintic in either of these two modes have been most happy, and I have very seldom found it necessary to repeat the dose, for such treatment is thorough, and consequently precludes the necessity of repetition.

I, myself, have never had a case where con-

vulsions or retention of urine have originated from santonin; in fact, I have never seen any untoward symptom resulting from it in any way whatever, which I attribute to my combining it with calomel, or preceding and following it up by that purgative.

My experience has convinced me that nothing of a deleterious tendency can possibly accrue from santonin if it is combined with calomel, for by so doing we do not allow sufficient time to elapse for the xanthopsin to act on the system, for when the santonin has done its work the calomel removes it. The latter drug is a more searching purgative than castor oil; being likewise a cholagogue, it causes a greater secretion of bile, which, as my readers know, is the natural purgative. Giving the santonin in one of these two methods aforementioned will entirely prevent all dangerous symptoms arising; there will be no convulsions, and no retention of urine, nor will that secretion appear like that found in jaundice, for this one simple reason: the santonin, when it has done its work, is eliminated from the system by the calomel.

The Relation of Certain Skin Diseases to Rheumatism.

In the *Lancet*, July 7th, Dr. Reginald Southey makes the following comments on this subject:—

When the blood is imperfectly depurated by chronic renal disease, when the coats of the blood vessels are degenerated, and the arterial system is generally dilated, as in aortic regurgitation, the proclivity to localized disorders of the circulatory channels, blood stasis, capillary burstings, extravasations, and purpuric rashes, is very great. Erythema nodosum, from the pain and tenderness of the local periostitis, from the aching in the limbs that both precedes and succeeds the rash, is again often mistaken for rheumatism.

M. Couland points out, in the *Archiv. Gén. de Médecine*, January, 1874, the relations which occasionally obtain between erythema papulatum and rheumatism. Devrécagaix describes a mild form of articular rheumatism, attended by a scarlatina-like general exanthema. But the case which I have recorded above agrees too closely with some others which have been described to make me doubt the existence of a purpuric or hemorrhagic form of rheumatism quite apart from erythema with aches. M. Borins, in the *Gaz. des Hôpitaux*, 1874, Nos. 76 and 82, describes the case of a sailor, aged seventeen, who had acute rheumatic pains and articular swelling, and at the same time developed an abundant purpuric rash, which came out first of all upon the extremities, and subsequently, in two successive crops, invaded the trunk and face. M. Féréol (*Gaz. des Hôpitaux*, 1869, or '70, No. 61) relates a case of acute rheumatism—fourth attack—complicated by double pleurisy, purpura hemorrhagica, miliaria, and hydroa pimphegoide. The rash here was general, and came out in crops of deep violet-red spots varying in size from flea-bites to a centimetre in diameter; the spots were a little raised in their centres, gradually fading off at their edges, becoming paler upon pressure with the finger, but never disappearing altogether. There was no scorbutus, and the gums were neither swollen nor affected. The rash was general, but occurred chiefly about the alæ nasi, upon the face, shoulders, legs, and ankles. Complete recovery followed at the end of six weeks, under strengthening and stimulant treatment.

Extensive Tuberculous Ulceration of Intestine.

The following case is reported by Dr. A. Harbison, in the *British Medical Journal*:—

A. S., aged twenty-seven, was admitted in May, 1868, for secondary dementia, with maniacal outbursts and a tendency to violence. She became phthisical early in 1876, and had much subsequent excavation of the lungs. In August last she had a slight attack of diarrhœa, which continued for a week; but beyond this there was no apparent disorder of the bowels, which were moved daily, or every other day, until the day before her death, when she was purged five times. She died on January 31st, 1877.

Necropsy.—The head was normal. The lungs were much indurated, and riddled throughout with various-sized cavities, most of which contained thick yellow pus. On opening the bowel it was found very extensively diseased. Scattered over the whole of the large intestine, from a point a little above the rectum, were found sixty-seven ulcers, exclusive of a mass extending continuously over the caput cæcum coli. In the small intestine it was impossible to reckon the number of ulcers; for, besides Peyer's patches generally being affected in this way, a great many ulcers, from the size of a pin's head to that of a halfpenny, were scattered about irregularly, and fifteen bands of ulceration, three-eighths of an inch broad, extended circularly around the intestine, while a sixteenth band passed half round the calibre of the gut, from the mesenteric attachment to the free border. The ileum was affected in its entirety, and the jejunum to within four feet and a half of the pylorus. The mesenteric glands were infiltrated with yellow tubercle, and lines of the same, probably in connection with the lymphatic vessels, were seen on the inner surface of the intestine—in one instance forming a circle one-third of an inch in diameter—inside which the intestine appeared healthy. There were no granulations on, or inflammation of, the peritoneum, although many of the ulcers encroached on that membrane. The transverse and descending colon (as often occurs in the insane) was uniformly contracted to half an inch in diameter.

The points of interest in the case are:

a. The large amount of ulceration present.

b. Its occurrence in the jejunum, where, according to Niemeyer, it is rarely found.

c. The absence of any marked diarrhœa during the progress of the disease, and in spite of the ulcerated condition of the large intestine. "When the large intestine is free from ulcers, and consequently from catarrh, the fluid contents of the intestine entering them become of normal consistence, so that consistent stools are passed during life" (Niemeyer). In connection with this, the occurrence of the contracted colon is worth noting, as giving a possible clue to the explanation of the phenomena, on the ground of the diminution in calibre causing retardation in the passage of the contents, and thus affording greater facilities for their absorption.

Practical Application of Cerebral Localization.

The *Lancet* states that M. Lucas Championnière, in a communication to the Academy, entitled "Des Indications tirées des Localizations Cérébrales pour la Trépanation," called attention to a reliable surgical method for the purpose of detecting cortical lesions. He stated, in the first instance, how he had solved the problem of employing cerebral localizations for using the trephine; the commencement of his studies on this point being the success he had in a case where there was paralysis of some of the muscles of the right upper extremity, with aphasia. The patient, who had no external signs of fracture, and was trephined, almost at a venture, with the idea of lesion of the left hemisphere, recovered completely. A fragment of the inner table was extracted with difficulty from the dura mater, and his symptoms gradually decreased. M. Lucas-Championnière considered, as a patient recovered after an operation performed rather by guess, that trephining could be rendered very useful if advantage be taken of the new doctrines of localization.

When Scarlet Fever is Infectious.

Dr. A. E. T. Longhurst writes to the *Medical Times and Gazette*, July 14, on scarlet fever:—

As regards the exact stage in which infection is most active, uniformity of professional opinion is very necessary; but without occupying space by reference to the many views on this particular point, and to which I am anxious that the observation of the profession should be directed, I will merely say that my own observation forces me to the conviction that the early period of the disease is that in which infection is most active, and in support thereof I will enumerate the following reasons:—

1. That the early intensity of the symptoms on all parts and tissues favors belief of the special communicability of the early stage of the disease, and also that though the first case may prove fatal in a few days, or even hours, before desquamation has been reached, it is often followed by others.

2. That in instances of extension of the disease I have observed more fresh cases prior to desquamation on the first than after it.

3. That, as instanced in my own person during an epidemic a few years ago, the infection is frequently conveyed from cases not having a rash or desquamation at all.

4. That attempts at inoculation of the disease, by introducing scales of the epidermis under the skin of healthy persons, have failed.

5. There is no evidence to prove that the infection is contained in the scales of the epidermis separated during desquamation; nor do I believe, viewing them as effete dead particles of the skin, that they can be infection-carriers.

Other reasons might be adduced, but they are unnecessary. And without confining myself to the limit of this or that so-called stage of the disease, careful observation forces me to the conclusion, that within an hour, possibly even less, of having imbibed the poison, a person may communicate it; and that the period in which the infection is most active is the stage of inflammatory fever, after which it gradually subsides.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Alimentation, and the Gastro-Intestinal Disorders of Infants and Young Children. By B. F. Danson, M. D A reprint from the *American Journal of Obstetrics and Diseases of Women and Children*, August, 1875. The doctor does not deny the possibility of unavoidable gastro-intestinal disorders, yet he does believe that the majority of infants and young children suffer and die from these troubles because of the prevailing ignorance as to the requirements of the infant, or to the quantity and quality of the nourishment requisite to maintain perfect health. When such diseases do occur, he believes many an infant would be saved from suffering and death if the stomach and bowels were given that rest for which they so vainly appeal, in a language too often unheeded—vomiting and diarrhœa.

——Contributions to the Treatment of Pulmonary Phthisis. Read before the New Orleans Medical and Surgical Association, May 5th, 1877. By Dr. W. Gleitsmann, Physician in Charge of the Mountain Sanitarium for Pulmonary Diseases, Asheville, N. C. A reprint from the New Orleans *Medical and Surgical Journal*, July, 1877.

——A Case of Tubercular Dropsy of the Abdomen Simulating Ovarian Tumor. By

Theodore A. McGrau, M. D., Professor of Surgery in Detroit Medical College. A reprint from the *Archives of Clinical Surgery*, July, 1877.

——A Simple Mode of Cleansing the Nasal and Pharyngo-Nasal Passages. By Thomas F. Rumbold, M. D., St. Louis, Mo. Reprinted from the Chicago *Medical Journal and Examiner*, May, 1877.

——Early Syphilis in the Negro. By I. Edmondson Atkinson, M. D., Physician to the Baltimore Special Dispensary.

——Thirty-Seventh Annual Announcement of the Missouri Medical College and Hospital, St. Louis, Mo.

——Nineteenth Annual Announcement of the Chicago Medical College. Medical Department of the Northwestern University.

BOOK NOTICES.

Personal Appearance and the Culture of Beauty, with Hints as to Character. By T. S. Sozinskey, M.D., PH.D. Philadelphia, Allen, Lane & Scott, 1877. Cloth, 8vo., pp. 196.

Cosmetic medicine and surgery is a branch of our profession which has been unduly neglected by regular writers, but upon which vendors of quack nostrums and advertising charlatans have built large fortunes. In its sanitary aspect, it is an important branch of state medicine, for the amount of harm which has been done by poisonous cosmetic preparations, and still more by injurious efforts to develop what is called beauty, at the expense of health, has been astounding.

The public need to have their æsthetic notions as to what physical beauty is materially modified; they need to be placed on their guard against dangerous means of obtaining or imitating it; and they demand to be supplied with a variety of preparations, efficient and innocuous, which they can use to improve the looks which nature gave them.

The present book is written in the proper spirit, and with an evident intention to supply these just requirements. While it falls short in much that the physician would look for (as it is addressed exclusively to the general public), it contains a great deal which the ordinary reader would do well to learn. The earlier chapters, on the types of beauty, the basis of beauty, and beauty as an improvable heritage, contain a great deal of sound instruction. On the whole, we name it as a creditable composition, and one which we trust will meet with public favor.

Fat and Blood, and How to Make Them. By S. Weir Mitchell, M.D. Cloth, 8vo, pp. 101.

Nurse and Patient, and Camp Cure. By S. Weir Mitchell, M.D. 32mo, pp. 74. J. B. Lippincott & Co.

In the first of these little books the author describes certain methods of renewing the vitality of feeble people, especially thin, nervous women, by a combination of entire rest and of excessive feeding, made possible by passive exercise obtained through the steady use of massage and electricity. It is an enlargement of a lecture first published in the series of "American Clinical Lectures," edited by Dr. Seguin.

The plan he proposes, though not a new one in its principle, as systematic feeding and passive exercise have frequently been recommended for the purpose, has many novelties in detail, upon the faithful observance of which the success of the treatment, he considers, may depend. The auxiliaries required are seclusion, rest, massage and electricity, to each of which the author devotes a chapter, explaining the peculiarities of his plan in making use of them. The chapter on dietetics gives minute directions as to the plan he prefers, of feeding the patients.

It is sufficient to say that the results reported are such that the author himself says he cannot blame readers if his statements excite in some of them the distrust which the relation of "remarkable cures" so naturally inspires. We all know how very easy it is for the enthusiasm for a particular—especially a highly complicated—method of treatment to obscure the most honest attempt to estimate its value.

This being the case, we cannot but feel some surprise that so scientific a writer as Dr. Mitchell has omitted to state the whole number of cases so treated, with the number of failures; and still more, that he has not eliminated one after another of the various accessories he recommends, in order to ascertain whether they are all indispensable, of which the reader must entertain some doubt. Such an application of the logical procedures of average and exclusion would not have been thrown away.

The second work mentioned contains reprints of two pleasant and instructive articles contributed to *Lippincott's Magazine*.

THE

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D. G. BRINTON, M. D., EDITOR.

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DEATH BED STUDIES.

In a recent number of the *New Quarterly Review* is an article on "The Riddle of Death," by FRANCIS POWER COBBE. The author, confining the inquiry to those cases where the bodily conditions do not apparently interfere with the perfect sanity of the patient up to the moment of dissolution, asks, whether in such cases instances have ever been known of occurrences having any significance, taken in connection with the solemn event wherewith they are associated? In answer to this a number of examples are cited, in which persons dying in all apparent sanity have shown unmistakably, by their gestures, and sometimes by their words, that they saw in the moment of dissolution what could not be seen by those around them.

This observation we believe to be well founded. The instances cited, though not reported with much precision, are, no doubt, in the main, true. Moreover, we can recall in our own experience, to have personally known instances where the words, the gestures, and still more, a very marked and remarkable change of expression in the features of the dying, proved beyond doubt that they experienced within the last few minutes or seconds of life a train of emotions wholly different from what they had recently been manifesting. We lay particular stress upon the alteration in the expression; for when the individual is too far gone to speak, let alone to make a gesture, the involuntary reflex nervous action continues to indicate, in a manner that admits of no doubt, the mental action still going on.

But the interpretation of these acts may not be that suggested by the writer above quoted—to wit, that it is a glimpse of the world beyond, the immaterial form of existence, which meets the dying eye and lights it momentarily with ineffable joy, or appalls it with a nameless terror.

The inexorable principle of science, the first law of reasoning on facts, bids us, in all cases, assume the *simplest* explanation of a physical phenomena to be the true one. And these purely physical facts we have been speaking of may readily enough be explained as the manifestation of a momentary delirium which precedes dissolution, finding its proximate cause in the cessation of cerebral nutrition, its complexion partly in the nature of the disease or injury which brings about death, partly in the general previous thoughts and habits of the individual.

Physicians are well aware that the behavior of men when death is imminent, though partly governed by what we call courage, or fortitude, is also largely affected by other causes—as by their convictions regarding a future state, by their existing social relations, and by the character of disease or injury with which they are suffering. Persons who enjoy happy surroundings and pleasant domestic and social relations are influenced—by a strong love of life, rather than a fear of death—to wish to stay.

Where the reverse is the case, death has not only no terrors, but is often sought as a relief. The religious views which persons entertain have also considerable influence, though it is constantly witnessed that some devout religionists betray excessive trepidation at the approach of death, and others extreme exaltation; while as many professed anti-religionists pass through their last hour with calm serenity, as with remorse. That the conduct of eminent teachers and philosophers on their death-beds should ever have been adduced, *pro* or *con*, as testimony in regard to their doctrines, is a singular absurdity. It makes no difference what a man believes, so that he believes it firmly, so far as its effect at such a time is concerned.

The immediate cause of the death has much to do with its character. In some diseases, as in cholera, patients commonly manifest but little concern as to their fate. In the Surgical History of our late war it is observed that wounds of the chest and abdomen are usually accompanied by great agitation, alarm and anxiety, overcoming the valor of the bravest soldier. In other terrible wounds, as when the limbs are torn off, or when the sympathetic system is overwhelmed, a perfect calmness and serene consciousness are present—a symptom far more ominous to the experienced surgeon than the trepidation just mentioned. It has been remarked that those dying from sword wounds have a languid, resigned aspect, while those killed by shot present a firm, defiant expression. It is probable that these differences, though, no doubt, indicative of the emotions of the last moment of life, yet depend a good deal on the structure implicated, and are modified, as the mortal wound affects the nervous, circulatory or respiratory system. In the same manner, as death from disease begins at the head, the heart or the lungs, we may suppose a corresponding difference in sensation takes place, which will be manifested on the facial muscles.

More extraordinary than this, to our mind, is the occasional sudden return to sanity, for a few hours before death, of the chronic insane, even of those who for many years have been considered hopelessly impaired in cerebral structure. And most remarkable of all are those instances—few in number, it is true, but one of which we were personally cognizant of, —where very aged people, after years of utter senility, for a few minutes, or for an hour or two before death, regain their mental power, their memory of events, and the acuteness of their senses.

As to the inquiry which we started by quoting, the medical man is obliged to encourage strong doubts whether the death change referred to can be attributed to any causes dissimilar from those above mentioned; however glad he would be to be able to contribute, from his necessarily extensive observation of the close of mortal life, some facts which would throw light on what comes thereafter, it is noticeable that in no physiologies or monographs, such as the classical one of Bichat, is there any hint or suggestion that the study of the phenomena of Life teaches us what, if anything, is written on the blank page of Death.

Notes and Comments.

Dangerous Vinegar.

The Board of Health of the District of Columbia has condemned five car-loads of vinegar sent there from Chicago, on the ground that it is not a genuine article, and is injurious to health. An analysis of the so-called vinegar has been made. It appears, according to the report of the Board of Health, that the vinegar contains $54\frac{54}{100}$ grains per gallon of anhydrous sulphuric acid, combined with lime, to form a sulphate of lime equivalent to $117\frac{26}{100}$ grains of gypsum per gallon, and besides that, five grains of free sulphuric acid per gallon. The Board also reports that this sample was taken from an invoice of more than 1000 barrels brought there to be sold as vinegar, and that it is likely to find a ready

sale on account of its low price. The report concludes as follows:—"When we think that oil of vitriol (sulphuric acid) can be bought at five cents per pound, and that a pound of said acid would render a barrel of fluid as acid as the strongest vinegar, the wonder will cease that it is sold cheap. This, therefore, is a fraud upon commerce, and a dangerous substitute for vinegar." The fraud and danger are more general than the great mass of people will readily believe. It is asserted that probably one-half the vinegar sold at city groceries is a rank poison, with either sulphuric or other objectionable acids for its base.

Professor Huxley on the Anti-Vivisectionists.

In a recent address relating to the law prohibiting vivisection for scientific purposes, lately passed in England, Professor Huxley summed up the whole contradictoriness of the situation as it had all along been seen by liberal and sensible men. "I think it my duty," says the Professor, "to express my regret at a condition of the law which permits a boy to troll for pike, or set lines with live frog bait for amusement; and, at the same time, lays the teacher of that boy open to the penalty of fine and imprisonment if he uses the same animal for the purpose of exhibiting one of the most beautiful and instructive of physiological spectacles, the circulation in the web of the foot. The first offender says, 'I did it because I find fishing very amusing,' and the magistrate bids him depart in peace. The second pleads, 'I want to impress a scientific truth, with a distinctness attainable in no other way, on the minds of my scholars,' and the magistrate fines him £5." The illustration is a homely one, but it exactly expresses the facts in the case, and it seems hardly possible that the anomaly will be permitted to much longer stand in British law. If it should so remain, our English cousins must be content to be open to the charge of neglecting important means of education on a very insufficient plea.

Some Expedients of Malingerers.

A white tongue is made with the white of the wall; a brown one with soap and tobacco. Feebleness of the heart can be produced by a cord around the waist, and a reduced pulse by a ligature around the arm. Palpitation may be produced by a ligature around the waist; by the use of tobacco, much coffee, or white hellebore; garlic and tobacco have been introduced into the rectum for the same purpose. Some persons can increase the force of the pulse at will. Consumption has been simulated by producing emaciation by abstaining from food, and the use of vinegar, sucking a copper coin, swallowing the sputa of consumptive patients, etc. Jaundice, by painting with an infusion of rhubarb or turmeric, or the internal use of the same. Indian fig will color urine blood color. Black urine was produced in one case by a boy putting cotton soaked in ink around the glans penis.

Sexual Hygiene.

Professor Hartshorn, formerly Professor of Hygiene in the University of Pennsylvania, gives the following condensation of his views of sexual hygiene:—

1. The action of the reproductive organs is not necessary to the individual; its purpose being the continuation of the species.

2. No harm results from inaction of the generative organs.

3. Sexuality is healthy and safe only in marriage.

4. The married state is, as as a rule, rather more favorable to health than celibacy.

5. Abnormal sensuality is injurious in proportion to prematurity, deviation from nature, and frequency of indulgence.

6. Hygiene furnishes no justification for prostitution.

The Variation in Quality of Woman's Milk at Different Stages of Nursing.

During the first month the mother's milk lacks in sugar, while there is an excess of it during the eighth and ninth months. Caseine is in excess during the early months, and deficient in the later. Butter as well as salts are most abundant during the first month. This leads to a practical deduction. Wet nurses should have milk of the same age as that of the mother's.

Ovariotomy During Pregnancy.

At a meeting of the London Obstetrical Society, a paper on the above subject, by Mr. Spencer Wells, was read. Mr. Wells has performed the operation in nine cases during pregnancy. One of the patients died, and the other eight recovered. In the majority of the cases the operation was undertaken at an early

period of gestation, but in two it was performed about the seventh month. The favorable results obtained tend to show that operations performed during pregnancy are not so dangerous as is usually believed, and in cases where tapping would be inadmissible or futile on account of the character of the tumor, ovariotomy may be produced.

Can a Stroke on the Face Rupture the Membrana Tympani?

Dr. Fritsch replies in the affirmative, citing several cases, and claims that, on testing by Valsalva's method, a loud whizzing can be heard in the external auditory passage. If the opening in the membrane be the result of disease, the sound is of a hissing character, which can be readily explained by the partial stoppage of the Eustachian tube by inflammatory secretions. The opening in the membrane produced by a blow is a fissure, whilst that caused by disease is round or oval.

Some Experience Concerning Hay Fever.

From a pamphlet recently sent us, we quote some remarks on Hay Fever, by Dr. G. F. Patton. Dr. Patton, in order to test the opinion that hay fever is caused by the pollen which is produced by the blooming plants of early summer, gave himself an opportunity to apply the pollen of testuca prætensis, dachylis glomerosa, secale cercale to the nostrils, upon the conjunctiva and in scarified spots in the skin, without causing anything more than a passing irritation. For the treatment of the disease he advises, in the place of the very irritating quinine, salicylic acid, 1–500, with the addition of three parts of common salt.

Physiological Education.

This subject has lately received additional interest from a paper entitled the "Intervention of Physicians in Education;" also a set of resolutions of the New York Academy of Sciences on the subject of "Physiological Education." The author of the essay, and likewise the member of the Academy at whose instance the committee which brought in the resolutions referred to was appointed, is Dr. Edward Seguin, of New York.

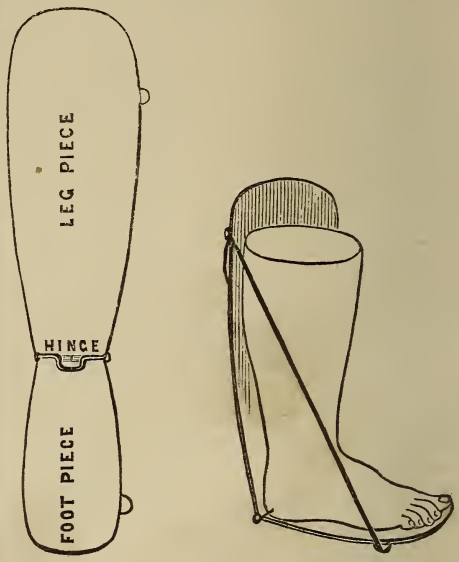
In his paper, Dr. Seguin advocates the active intervention of the physician in the training of children, and he thinks that such intervention should result in the establishment of open air garden schools, and also in the physician becoming the "keeper of the balance of the vital forces of the children."

Correspondence.

Treatment of Club Foot.

Ed. Med. and Surg. Reporter:—

I herewith send a sketch of a simple and very efficient device for the early treatment of club foot, recently devised and used by myself with very flattering success. Its cheapness and efficiency is its recommendation.



The apparatus is in two pieces, joined by a hinge; material, tin or galvanized iron, bent or moulded to fit the leg and a normal foot; a piece of felt is glued to the inside, to serve as a padding, to prevent chafing; a piece of common emplas. adhesivum is gummed on the reverse side and attached to the splint. The sole of the foot is accurately placed on the foot piece, having warmed the attached plaster and secured by adhesive straps over the dorsum and passing around the splint. The foot is now brought into a proper position by bringing around the leg piece in the proper line, and the leg piece made secure by strapping. A few turns of roller bandage carried from the toes upward, to equalize the pressure, completes this part of the operation. A cord carried from the rings on the outer aspect of the splint brings down the heel. You will observe that any desirable amount of eversion can be secured by altering the line of the hinge. Believing this to be new, I submit it, for the benefit of the profession.

Very truly yours, G. Law, M. D.,
Greeley, Colorado.

Metal as Superior to Glass Mirrors.

Ed. Med. and Surg. Reporter:—

Scientific development has placed within the attainment of the medical profession valuable and indispensable auxiliaries to the pursuit of diagnosis. To the special faculties of sense have been contributed various instrumental means that have vastly increased the observer's power of apprehension of deviations from the normal standard. Not least among these means have been long employed speculæ, to illuminate the more remote or obscure regions of the body, so that much definite important knowledge has been secured relative to the exact pathological conditions existing. Among these speculæ there has been, I believe, for the investigation of the eye and throat, only the instrument of common glass amalgam employed, and which has ordinarily fulfilled all the requirements demanded of it.

A few months since my attention was directed to these speculæ, with the impression that if an instrument could be gotten up conjoining equal efficiency with absolute durability, a desideratum would be obtained for the demands of the profession at large.

I instructed the instrument maker to construct such a one as I had devised, and as I thought would embody the essential optical principles involved, and after a series of experiments was presented with an instrument that seemed to demonstrate the idea perfectly, and one in almost everything preferable to the glass reflector. The instruments consist of ophthalmoscope, laryngoscope, and throat mirrors, of the usual dimensions. They are constructed entirely of metal, with a very bright reflecting surface. Their power of reflection is very nearly or quite the same as the best glass mirror, illuminating the optic disk or throat at an appropriate focal distance. The throat mirrors possess the property of retaining the heat a greater length of time, and thus can be retained in place without their surface becoming indistinct so soon as the glass ones, so that oftentimes a much more satisfactory view can be obtained of the tissues exposed. It is well known that, through the effects of heat, or other influence, sooner or later, the amalgam becomes detached from the glass, leaving the instrument worthless, and, also, they are very liable to become broken by accident. This undesirable quality is obviated in this instrument, only requiring ordinary care, by envelopment in chamois, to protect them from dust, and possess an absolutely perfect and permanent lustrement. Their expense should be no more than those of glass, and with the certainity of obtaining a satisfactory and durable instrument.

The above, I believe, is a fair description of their claims to the notice of the profession. I should be pleased to respond, at any time, to inquiries relating to them. Very truly yours.

T. G. Cogswell, M.D.

51 *Monroe avenue, Rochester, New York.*

Case of Atropia Poisoning.

Ed. Med. and Surg. Reporter:—

I would ask to call your attention to the effects and results of an overdose of atropia, as illustrated in the following case:—

Mrs. S., aged thirty-nine; strumous diathesis. Under treatment at Camden Infirmary for kerato iritis of left eye. Her husband being with her, was ordered to give a teaspoonful of chloral mixture, but got hold of a solution of sulphate of atropia, gr. iv to ℥j, and gave her a teaspoonful of it, making one-half grain of atropia that she got. I was informed of the fact in about ten minutes. She was given at once cupri sulph., gr.iij, mustard, warm water, etc., until brisk emesis ensued. Afterward, a hypodermic injection of morphia, and at intervals of fifteen or twenty minutes an infusion of cinchonia cort She had all the symptoms of belladonna poison—acceleration of pulse; diffusion of warmth throughout the cutaneous surface; complete dryness of the mouth, throat, etc. The dose was taken about five o'clock, P.M. She had a very good night's rest. Said her eye was much better next morning, but complained of very severe pains in her limbs; lies with her legs drawn up; the extensors of the forearm flexed, simulating "wrist-drop," with excruciating pains in the biceps and deltoid muscles.

Ten or twelve days have now elapsed, and still she is suffering with pains in the fleshy muscles of her limbs. I attribute them to the overdose of atropia, as she had no such trouble before taking the dose.

I would like to hear from some one, through your columns, who has had more experience with the drug than myself. Respectfully,

George W. Hudson, M.D.

Camden, Ark., August 14th, 1877.

News and Miscellany

The Growth of Children.

The growth of children has been made the subject of very ingenious and original researches, through some 25 000 measurements of the children in the public schools of Boston, by Professor Bowditch, of the Harvard Medical School. His own summary of the most important results he has obtained is as follows:—"The growth of children takes place in such a way that until the age of eleven or twelve years boys are both taller and heavier than girls of the same age, but at this period of life girls begin to grow very rapidly, and for the next two or three years surpass boys of the same age, in both height and weight. Boys then acquire and retain a size superior to that of girls, who have now nearly completed their full growth. Children born of American-born parents are, in Massachusetts, taller and heavier than children of foreign-born parents, a superiority which seems to depend partly on the greater average

comfort in which such children live and grow up, and partly upon differences of race or stock. Pupils of American parentage at the public Latin school and other higher schools are (apparently for the same reasons) superior in height and weight to the generality of boys of American parentage in the public schools, and to English boys of the non-laboring class attending public schools and universities, the superiority in weight being, as a rule, more marked than that in height."

Personal.

—The University of Heidelberg commemorated, in July, the twenty-fifth anniversary of Professor Bunsen's election to the Chair of Experimental Chemistry. Students of all faculties joined in a torchlight procession, which was followed by the traditional symposium, while a deputation presented the congratulations of the Academical Council. Professor Bunsen held the Chair of Chemistry in the Universities of Marburg and Breslau before he was called to Heidelberg, and, as is well known, declined a few years ago a call to Berlin, which he received at the same time as Professor Kirchhoff, with whom he is the founder of stellar chemistry. Though at the age of sixty-six, Professor Bunsen completes his fiftieth course of lectures at Heidelberg in the full vigor of both mind and body.

—The *Cologne Gazette* announces that Dr. Erisman, a pupil of Pettenkofer, the well known Professor of Hygiene in Munich, has been applied to by the Russian Government to undertake the direction of disinfecting the battle-fields in Turkey.

—Dr. C. C. Vanderbeck has removed from 1121 to 1011 Walnut street.

—The Jefferson Medical College opened Monday, September 3d, with an unusually large autumn class.

Obituary Notes.

—Dr. George Lewis Collins died August 21st. At the time of his death he ranked among the first physicians of Rhode Island. He was a close clinical observer, and a contributor to medical literature. He died of cerebral hemorrhage, at the age of 57.

—D. N. Stein, a New York physician, committed suicide by jumping from the Niagara Suspension bridge, on Saturday, September 1st. Dr. Stein was a man of intellectual attainments. His son, Dr. Edward N. Stein, who was also a physician, committed suicide in New York city a few weeks ago, and it is believed that the elder man's mind was weakened by the shock. Another son—Dr. Alexander M. Stein—is also a resident of New York.

—The Paris correspondent of the New York *Times* has some interesting notes on the late Dr. Conneau, who died in Corsica last month. He was the physician and friend of Napoleon III. It was Conneau who planned the escape from the Fortress of Ham, and it is touching, even now, to read his deposition when called to account for the act. During the Empire he was almost an inmate of the palace, and not a day passed without an interview with the Emperor, not only as a medical adviser, but as a friend. Conneau watched the Prince carefully, to keep him in health, and called in eminent specialists for each malady divined or discovered by himself. He had no pretensions. He was the private medical adviser of the Emperor, but he never refused to share the honors with his colleagues, and the rewards were always for them, not for him. He had 1,500,000 francs placed in his hands annually, to distribute among the poor as he saw fit, and when the Empire fell Conneau was so poor that Mme. Conneau had to teach music for a living. He loved the Island of Corsica with all his heart, because it was the cradle of the Bonapartes, and often expressed the wish to die there. When his health failed he went there, and it was there that he died, passing away calmly and peacefully, after an eventful and most honorable career.

Items.

—The meeting of the French Association for the Advancement of Science took place this year at Havre. The session extended from the 23d to the 30th of August, and included general and sectional meetings, scientific excursions, and public conferences. The meeting was opened by Professor Broca, as President, the Vice-President being M. Hulkmann, the chemist of Lille, and the Secretary being M. Dehéran.

—The first meeting of the American Dermatological Association was held at the Cataract House, Niagara Falls, New York, September 4th, 5th and 6th, 1877. Officers for 1877—President, James C. White, of Boston. Vice-Presidents, Louis A. Duhring, of Philadelphia; R. W. Taylor, of New York. Secretary, L. Duncan Bulkley, of New York. Treasurer, James Nevins Hyde, of Chicago.

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THE
MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

NEW MEXICO AS A HEALTH RESORT FOR CONSUMPTIVES.

BY J. J. JONES, M. D.,
Of Lewisburg, Ark.

A great deal has been said and written in the last few years about Colorado and Southern California as favorable health resorts for consumptives. Florida is an old consideration. I am inclined, by recent personal observations, to add another to the list of localities to be found upon our continent presenting climatic inducements for this class of invalids. I speak with reference to the Territory of New Mexico.

Colorado has of late, seemingly, been the favorite of the above localities, and for this reason my remarks will be applied principally to a comparison between its merits and the adjoining Territory just mentioned. I have no personal or financial interest in either locality, and my convictions are based strictly upon an impartial observance of facts in this connection, made during a visit out there, occupying the summer and fall of last year.

Denver is the centre of attraction in Colorado. It is *the* oasis of the "Great American Desert;" truly upon the edge, but undoubtedly a "haven of rest" for the weary traveler after that long ride across the plains from Kansas City out. It is a beautiful city, abounding in all the fruits of civilization, unexcelled by any eastern metropolis. But, when buried between its tall houses, and amidst its busy scenes, the invalid fails to realize his expected romantic stimulus, in the frequent hailing of the over-zealous Jew to sell him some "sheap cloding."

Equability and dryness of the atmosphere are said to be characteristics of climate required by consumptives, except in its advanced stages. The first cannot be claimed by Denver, as upon several occasions last year the placidity of an elegant southern temperature was rudely broken by sudden snow storms, and chilling winds, as cold as in the north of Scotland. The altitude is high, and the atmosphere usually dry, and remarkably invigorating to persons of ordinary enfeeblement.

To reach the next points of attraction in this State you take the Denver and Rio Grande (narrow gauge) Railroad south to Colorado Springs. This will be your headquarters, and in its vicinity you find some of nature's most wonderful works. Pike's Peak, Manitou, "Garden of the Gods," will all claim your pleasant attention. Here you will find, during the months of June, July, August and September, great western hospitals, thronged with hundreds of fashionable invalids, breathing the pure air of heaven at fifty cents a cubic inch. And while my observation led me to the conclusion that some cases of actual tuberculosis were benefited by a sojourn here, I also became convinced that many were not. Those conditions dependent upon long-continued sedentary habits, such as the worn-out merchant, bookkeeper, etc., find ready relief in the invigorating atmosphere of this season and place. But the imperative equability of temperature, the (I claim) necessary warmth, and the benefit of fresh tropical fruits, are wanting.

Continue your journey down the Narrow

Gauge Railroad, already mentioned, to Pueblo, a pleasant little city of 4000 inhabitants, 120 miles south of Denver, and 95 miles further on you reach the railroad terminus at El Moro (or perhaps Trinidad by now, only four miles from El Moro). From this point a daily line of stages (Concord coaches) are run south through the Territory of New Mexico. You are drawn over the first two sections (fourteen miles each) of the drive by six stout mules, and conducted at the same time over the Ratoon Mountains, from whose heights may be viewed magnificent scenery—pictures that enrapture the view of artists—being among the most beautiful of all God's wondrous works.

From the time you cross the State line (which is twelve miles from Trinidad) over into New Mexico, the mind, the medium through which nature administers her most successful remedies, proceeds to gather nutrition from the all-absorbing influence of an indescribable newness that surrounds it upon every side. After twenty-eight miles' ride, which takes you along precipitous heights, through cañons and down frightful declivities, you reach Red River Station. A good dinner here; and after changing the mule team for four stout horses, the journey proceeds over smooth roads, but through none the less beautiful and picturesque scenery. The invalid, now relieved of whatever physical discomfort the rough ride over the mountain may have caused him, settles back in the full enjoyment of his surroundings, feasting his insatiable vision upon the grandeur of the Rocky Mountains on his right, and the expanseless plains to the left; occasionally gliding through beautiful valleys, over cactus and through pinion and cedar growths; surprising "dog towns," causing the little brown inhabitants to scamper in terror to their homes; frightening herds of black tailed deer, antelope, and occasionally a buffalo; passing penitentees, or Jesuit colonies; the town of Cimarron, the old Ute Indian agency, which boasts of a graveyard containing seventy odd occupants, all of whom "died with their boots on;" then Ryaldo, Los Vegas, and, after a two hundred and twenty miles' ride in the stage coach, occupying two days and one night, you reach the central attraction of New Mexico, Santa Fé, "the city of faith;" to this Territory what Denver is to Colorado. This seems like an impracticable ride for an invalid, but there being a daily line of coaches enables him to lie over at the different stations along the route, as he may feel inclined.

Santa Fé has an altitude of seven thousand feet, and is situated on Santa Fé river, in a valley surrounded by several different Rocky Mountain ranges. Although possessing an equable temperate climate, snow-capped peaks may be seen from its plaza at almost all seasons of the year. Its temperature averages about 80°, with a range of ten or fifteen degrees. In approaching the city it appears to your view like a large brickyard, covered by unburnt brick kilns, as indeed do all the Mexican towns. There being but little or no timber accessible, the dwellings are built of adobe, sun dried brick, and are called "doby houses." Santa Fé, being the capital of New Mexico, and its military as well as civil headquarters, possesses some modern improvements. Its central portion surrounds a beautiful park or plaza, which is ornamented by shade trees, observatory, monuments and diverging walks. Its settled population numbers about ten thousand, a motley crew of individuals. About nine-tenths are Mexicans, who are considered an amalgamation of Spanish and Indian. The remainder are principally white, from the States, but there are some persons of almost every nationality. The Navajoe, Ute, Apache, and Pueblo Indians, in a great deal of their originality, frequent its streets. Many scenes of historic interest are to be found in and around Santa Fé, among which is the adobe, or "Governor's Palace; San Miguel Church, more than three hundred years old; the ruins of old Fort Kearney, and many others, which are pleasing sights for the recreation of an invalid.

The snow seldom covers the streets of Santa Fé more than one or two inches, remaining then but a short time, and causing very little discomfort to the thinnest-clad. The principal agricultural interests are the raising of fruits, and all conducted by irrigation. It seldom rains more than two or three times during a year. Hotel accommodations are excellent and cheap. Its druggists are educated, and deal in the purest articles of the materia medica, while its leading American physicians—Drs. John Symington, R. H. Longwill, and T. A. McPaulin (the latter being the stationed army surgeon), are gentlemen of refinement and education, and surpassed in their professional capacities by but few of the eastern

fraternity. Fruits are abundant in quantity and variety, and for size and lusciousness rival those of any tropical climate. Its native wines are excellent. The most beautiful of flowers are cultivated to their rarest extent of development. The American society is good, and they extend the hand of good fellowship to all of their kind. The native morality, with some exceptions, is bad; degraded in the extreme.

In this hasty enumeration of conditions belonging to this place and climate, I have mentioned but few of the many inducements therein offered to the class of invalids under discussion. But in them I find the grandest combination of favorable influences for pulmonary disease, with fewer counteracting conditions, of any to be found upon our continent. Here is the high and dry atmosphere; the equable and temperate climate which permits the patient unending out-door exercises; tropical fruits and flowers; good medical advisers; pure wines; and that indescribable newness of things which exercises an all-potent and powerful influence upon the patient, and makes him forget himself and his malady amidst his surroundings.

I met, while in Santa Fé, an apparently estimable and cultivated physician (Dr. Yanko), from Los Angelos, California. He was himself afflicted with some pulmonary disease, for which he had long resided in the place named, with the hope of recovery. He gave me an accurate account of many disadvantages in the climate of Southern California, and expressed himself as satisfied that that of New Mexico offered the same inducements, without the drawbacks common to the country around Los Angelos. He was then *en route* to take up his permanent residence in Mesilla, in the southern part of this Territory. During my sojourn in Santa Fé, I became intimately acquainted with many persons supposed to have had tuberculosis, who assured me they enjoyed comfort and comparative health, whereas they rapidly declined in other localities.

Although my remarks have been confined principally to Santa Fé, I only take it as the basis of my argument, because my observations were made more directly from that point. But there are other sections in the Territory offering equally strong inducements. The Rio Grande river, running north and south through the Territory, is like a great thermometer, upon whose banks may be marked almost any degree of temperature. The further south you traverse its course, the warmer becomes its climate, while the opposite is the case as you ascend it.

I have before spoken of the degraded condition of native society. Such a condition of immorality invariably has its concomitant evil in the way of disease. Such consequences were never more marked than in this territory. Venereal diseases in their worst forms are legitimate native inheritances. To any one disposed to investigate this subject in its relation to the old Spanish settlers of New Mexico, is offered a vast field for research from which might be deduced some results of great interest to the profession, and possibly reflect some light upon the present doubtful introduction of this malady from an unexpected source. A tradition there claims the Spanish occupation of Santa Fé, and even the building of San Miguel Church, prior to the settlement of San Augustine Fla., our standard histories to the contrary notwithstanding.

New Mexico also has some valuable hot springs, varying in temperature, and about the same analysis as the celebrated hot springs of this State. There are several at Los Vegas; the Homas, some ninety miles southwest of Santa Fé, and the hot springs of Ojo Calicute. All are frequented more or less, but no hotel accommodations exist, except at Los Vegas.

From the above imperfectly enumerated facts, and some others I have not mentioned, all of which came under my personal observation, I conclude that New Mexico combines more general advantages and better climatic inducements for consumptives than any other State or Territory upon the Continent of North America, and I earnestly subscribe to these assertions with an honest conviction of truth.

THE AMERICAN NAVAL MEDICAL SERVICE.

BY FREDERICK HORNER, M. D.,
Of Salem, Virginia.

Since the organization of the Naval Medical Bureau, under Dr. Balfour, in 1776, his successors have been men distinguished for talents and learning. Surgeon Thomas Harris contributed to systematize the work committed to the naval medical officers, and proved equal to the arduous duties incident to his office. He had been well known in the city of Philadel-

phia as a successful surgeon, author, and public instructor. During his administration the late distinguished surgeon, I. M. Foltz, then a young officer, published an interesting report on the medical topography and hospitals of the island of Minorca, and surgeon G. R. B. Horner, on kindred topics and observations made during a cruise to the Mediterranean, and also on the coast of Brazil. The war with Mexico occurred during Dr. Harris' term of service, and two notable exploring expeditions were carried out by the Navy Department, viz, one to Paraguay, the other to Japan. The surgeons of both expeditions displayed uncommon ability in the performance of their duties, and the printed reports, contained in costly and elegantly illustrated volumes, furnish most valuable information connected with the various branches of practical medicine and surgery.

His successor, Surgeon William Whelan, contributed by his efforts to elevate the standard, intellectual and scientific, for the admission and promotion of the junior medical officers of the Navy; and also greatly aided in promoting the success of the repeated explorations of passed Assistant Surgeon Elisha Kane to the Arctic Sea, first, with Lieutenant Commander De Haven, and subsequently in vessels fitted out by Mr. Grinnell and the Navy Department, in command of Dr. Kane. The important and even wonderful results of Dr. Kane's explorations have secured to him a reputation only second to that of the renowned Dr. Livingstone. Indeed, the two together may be regarded as the most eminent explorers of the Nineteenth century, and both sacrificed their valuable lives in the cause of science and humanity. To Kane is conceded the high honor of the discovery of an open Polar Sea and of Washington Land; second, he recovered relics of Sir John Franklin and his companions, now on exhibition at the Naval Museum, Greenwich; and third, by his own and the experience of the seamen under his command, he established the important physiological fact that man is equal to withstand the extreme cold of the highest northern latitude without the use of alcoholic stimuli.

An impetus toward the collection and publication of data connected with medical and surgical practice was given to the naval medical corps by the stirring events which occurred during the late civil war. Shortly after the rebellion was subdued, Surgeon Wales published an elaborate and valuable treatise on surgery; Surgeon Wilson one on naval hygiene; and next appeared, under the direction of Surgeon General J. C. Palmer, and Medical Inspector A. L. Gihon, a neat volume of medical essays compiled from reports to the Bureau of Medicine and Surgery, and published by order of the Navy Department. Thus it may be hoped that a new era of existence has been entered upon by our naval medical authorities. It has long been the subject of just comment that while a liberal policy has been pursued by our government in the training of the staff officers of the navy, the maintenance and education of each cadet at the naval academy costing the nation five hundred dollars per annum, and this expense continued for the space of four years, that no such fostering care or outlay has been extended to the officers of the naval medical corps. To acquire a diploma and fitness to stand the test of examination before a naval board, the assistant surgeon has to spend not far short of one thousand dollars. He enters upon duties equally important and valuable to his countrymen as the favored junior candidates for staff appointments, the latter having no arrears of expense to meet. There can be no surprise, therefore, that so few, comparatively, of the graduates of the medical colleges, subject themselves to this unfair discrimination, and especially those of talents and learning, fully cognizant that the rewards and emoluments of practice in the walks of civil life far overtop those which they would receive by the possession of a naval medical commission.

According to the valuable report lately made to the Medical Bureau of the Navy Department by Surgeon R. C. Dean, Medical Inspector U. S. N., on the naval medical schools of France and England, proof is furnished of a most liberal policy toward the naval medical officers of those countries. Surgeon Dean says: "As early as 1715, M. Dupey, at Rochefort, seeing the ignorance and inefficiency of the naval surgeons, urged the establishment of a naval medical school. In 1720 one dark room, partly filled with invalids, was assigned for his use. The king of France was gratified with his zeal for the good of the service. Additional schools were established at Toulon and Brest in 1725 and 1731. The government in France have lately projected a building for the accommodation and education of their naval medical officers, costing $1,000,000,

amply provided with lecture and dissecting rooms, library, microscopic department, a botanical garden and museum of natural history, pathology and anatomy, with needful laboratories and hospitals for clinical teaching. At these schools are assembled 240 students. The tuition is free. The student is required to remain in the navy ten years, or to repay the amount of his expenses to the government." The latter regulation might work well in some instances at our Naval Academy, Annapolis.

In England, the Naval Medical School for the Army and Navy, Dr. Dean adds, was established in 1860, at the Royal Victoria Hospital at Netley, under the patronage of Lord Herbert, Secretary of War, and Florence Nightingale. Here a per diem of five shillings is allowed the officers, with excellent quarters and subsistence. Among other names of the Faculty appear those of Surgeon T. Longmore, William Aitkin and F. De Chamont. The examinations are conducted by four medical men connected with the University of London.

That a high standard of excellence and arduous duties are imposed upon the medical officers of the British Navy is shown by the following order which occurs in their book of instructions to this class:—

"It is expected that their most zealous exertions will be devoted to acquire knowledge of the medical topography, the most prevalent diseases and the general method of treating them, together with the history, properties, preparations and uses of the medicinal plants or productions of the several ports and countries which they may visit; information of the kind being desired for the purpose of benefiting the scientific branches of the profession. If the medical officers should neglect to comply with this injunction, it will be considered as a material obstacle to the future promotion of such individuals."

It may not be said of the medical officers of our Navy that we need a like school, such as they have in France and England, because they are imperfectly qualified for the wide range of important duties required of them; but we are candid to utter the opinion that, considering the talent, learning and efficiency which they have ever displayed in the discharge of their duty, with the most enlarged opportunities at home and abroad for acquiring a general and accurate knowledge of medical and surgical science, their contribution to the fund of practical information and literature falls far short of what it should, and will not compare with what has been accomplished by the medical officers of our army.

PERICARDIAL EFFUSION AND ALBUMINURIA.

BY R. H. SABIN, M. D.,
Of West Troy, N. Y.

On May 7th, 1877, I was called to see Lansing Chute, aged 66 years, insurance agent and real estate broker. Found his health had been failing all winter and spring; he had visited Dr. Strong, of Saratoga Springs, two or three times, who said he could not locate the difficulty, but considered it general debility, and prescribed a tonic.

On examination I found the heart beating 107 per minute, very feeble, with an occasional skip, and sounding as though muffled, or at a distance off. Pulse hardly perceptible at the wrist. Lungs clear; no cough; bowels regular; appetite not very good. Diagnosed an effusion in the pericardium. He has had what he called a game leg for some years, which consisted of a swelling of the left knee, with pain on the outside of the joint, with varicose veins. Has used tincture iodine and worn a knee cap for a year or two; also has a hernia on the right side. Prescribed a blister, 6 by 6, over the heart, also $\frac{1}{60}$ grain digitaline, with $\frac{1}{4}$ grain belladonna every four hours.

May 9th. Difficulty of breathing considerably relieved; pulse 95. Urine examined by Professor Mosher, of Albany Medical College. Specific gravity, 1.020; color, yellowish red; acid reaction; albumen a trace; urates abundant; sugar, none. Continued digitaline and belladonna.

May 11th. Chemical analysis: Urine abundant; specific gravity, 1.012; color, yellowish red; acid reaction; albumen abundant; urates less. Gave Bethesda water, three goblets a day. Continued digitalis and belladonna. Also gave a pill—

℞.	Blue mass,	grains iv
	Digitalis,	grain j
	Pulv. squill,	grain j.

May 12th. Pill operated well; had good bilious discharge; is feeling better.

May 18th. Urine examined by Professor Mosher. Specific gravity, 1.022; color, buff;

albumen abundant; urates, none; pulse 110; considerable difficulty of breathing; considerable œdema of the legs. I examined his urine every two or three days after this, and the albumen seemed to be on the increase, till two-thirds of the quantity in the tube would coagulate on applying nitric acid or heat.

June 12th. In company with Dr. Bontecou, of Troy. Urine two-thirds albumen; feet and legs very much swollen; hard work to breathe; is in good spirits. Dr. Bontecou recommended compound powder jalap, to move his bowels and get watery evacuations. Also the following:—

℞. Acetate potash, ℥j
Sweet spr. nitre, ℥j
Johnson's diuretic, ℥vj. M.

Dessertspoonful every four hours, which was given.

June 13th. Urine same as above—scanty; has passed a very restless night; little if any sleep; no pain; pulse 110; talked some strange things. Continued same treatment; gave morphine at night.

June 14th. No sleep. Breathing labored; coughed and raised coagulated blood; has raised several large spits of coagulated blood and some mucus mixed with blood; pulse 110; talked a great deal and says many strange things. Posterior part of right lung congested. Stopped all medicines he has been taking, and gave eight grains of carb. ammonia every hour, and one-eighth grain of morphine at night.

June 15th. Has slept all night, and continued to sleep a great part of next day. Waked every hour to give medicine; coughs and raises blood and mucus freely. Am fearful of congestion of the lungs. Continued the ammonia.

June 16th. Examined urine. No albumen. Is looking better in every respect; coughs and raises some. Congestion in the lung clearing up. Relishes his food better than for some time.

June 17th. Continued improvement. No albumen.

June 18th. Urine examined by Dr. Mosher. No albumen. Says the kidneys seem to be in good condition.

June 21st. Continued improvement; the œdema of the legs all gone; heart beats full and strong, 80 per minute; temperature 98°; skin cool and moist. No albumen. Gave mur. tr. iron, ten drops three times a day.

June 22d. Pulse 96. No cough. Appetite good.

June 23d. Continued improvement.

June 24th. Did not rest well last night; has a severe pain in left side; pulse 98; some cough, and raised some bloody sputa; lower part of left lung congested. Applied rubber bag filled with hot water. Gave one eighth grain of morphine every four hours, to ease pain, and continued carb. ammonia, also mur. tr. iron.

June 25th. Pain in the side greatly relieved. Coughs and raises bloody sputa; says some strange things; rested good last night; continued same treatment.

June 26th. Cough continues; not much pain; lung is clearing up; some œdema of the legs; considerable difficulty of breathing.

June 27th. Much as yesterday.

June 28th. Is improving; lung clear; less cough.

June 29th. Improving. No albumen; some œdema of the legs.

July 1st. No sleep; no pain, but could not sleep; looks weary; urine sp. gr. 1.024; no albumen; no cough; cannot account for so restless a night.

July 2d. Slept well last night; is very comfortable; œdema continues; gave 2 grains quinine every 4 hours, also mur. tr. iron.

During this month I neglected to keep up my notes of this case, as there was a gradual improvement till about the 20th of the month, so he would walk out, and occasionally take a ride. After this time he gradually lost his strength, and occasionally had restless nights, his principal complaint being his difficulty of breathing, which I attributed to water around the heart.

On the morning of the second of August, after having slept about as usual, he awoke, and was assisted in getting on the lounge, and just after being bolstered up he expired, with two or three gasps.

Post-mortem, 32 hours after death. Body emaciated; serum in the abdominal and thoracic cavities; pericardium very much distended with serum; Heart enlarged, ⅓ larger than natural; left auricle and ventricle, also the right ventricle, enlarged, each of which contained a heart-clot; two of them were adherent to the walls; right side walls thin; lungs and pleura adherent to the walls of the chest; lungs congested in some parts; kidneys large; liver had a peculiar mottled look, partaking of fatty degeneration; almost nutmeg liver; serum in the abdominal cavity was albuminous.

SEVERE AND PECULIAR INJURY.

BY EZRA BRUGH, M. D.,
Of New Wilmington, Pa.

There has occurred in my practice an accident which I consider somewhat unique, the particulars of which may prove interesting to the readers of your valuable journal:—

On August 30th, 1876, I was called to W. B., a young man, aged 18½ years, who, while assisting at a threshing-machine, was caught by a knuckle of the shaft connecting the power with the thresher. The front of his shirt and of his pantaloons were instantly wound around the shaft, and while in this position two of his ribs were fractured; the chest and abdomen were considerably contused; the scrotum, skin of penis, except the reflection of the prepuce, and considerable tissue from the pubic and inguinal region, were torn from his body. The wound was triangular, the apex corresponding to a point on the raphe at the base of the scrotum, the base being indicated by a line drawn three-fourths of an inch above the root of the penis, and extending two and one-half inches to the left, and three and one-half inches to the right of the median line of the abdomen; the wound extending through the superficial fascia on the right side. The testes and penis were entirely denuded, with the exception of the glans-penis, which was covered by the internal layer of the prepuce after the injury. With the assistance of his friends he had walked to the house, a distance of a few rods, and upon my arrival I found him lying upon a lounge. The hemorrhage was slight, and he had lost but a few ounces of blood. He was suffering intensely, and the slightest jar was intolerable. The several parts were found in his pantaloons, which were also torn from his person.

I was assisted by Dr. Thomas Elliott, who was then reading in my office. After administering a full opiate we proceeded to cleanse the wound, a task which proved very tedious, as it was covered with dust, grass seeds, and particles of straw, and was extremely sensitive. This being completed, the disposition of the testes claimed our attention. We concluded to place them as near the external inguinal ring as possible, hoping that nature, by means of cicatricial tissue and contraction of the cord, would provide a substitute for the scrotum. They were unusually large, and from the extent of injury it was impossible to obtain a covering of integument.

We also divided the reflection of the prepuce to allow of catheterism, should it prove necessary, and to prevent occlusion of the urinary passage during inflammation. The treatment consisted of anodynes, when indicated, sweet spirits of nitre, and bromide of potassium to facilitate urination and control painful erections, the latter being a decided feature in the case.

He was supported by quinia, iron, and nutritious diet; locally we applied carbolized oil dressing and proper cleansing. The case was seen by Drs. McGuffin and Yeager, of Mercer, Pa., and Dr. J. Martin, of Pine Grove, Pa.

In the recuperative process nature surpassed our most sanguine expectations. Granulations progressed rapidly, replacing the tissue in the inguinal region, and forming a healthy layer over the testicles and penis. By contraction the extent of the denuded surface was considerably diminished, and cicatrization progressed favorably, and the testes were covered by new tissue, which, contracting, drew upon the integument of the inguinal region, holding the testes close to the ring. The covering thus formed over the left testes closely resembled true scrotal tissue, but the right covering, from the nature of the injury, was more cicatricial. In November the patient was able to do a day's work. In December he followed the hounds on foot a distance of twenty-five miles in one day. In January I presented him to the Lawrence County Medical Society, and in eight months from the date of injury he went as an apprentice to blacksmithing. The remains of the prepuce form a calloused ring around the penis, but is gradually disappearing. He experiences no difficulty from the injury, and his sexual capacities are unimpaired.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC FOR DISEASES OF CHILDREN, BY PROFESSOR A. JACOBI, APRIL 11th, 1877.

Reported expressly for the MEDICAL AND SURGICAL REPORTER, by P. B. PORTER, M. D., 22 W. 31st street, New York.

Polypus of the Rectum.

The little boy from whom I removed the specimen which I now show you was before you at a former clinic, and at that time I made some extended remarks upon the case, which it is unnecessary for me to repeat now. You will notice that the polypus is very hard, and con-

siderably shrunken. These rectal polypi, as a rule, are much firmer than those of the nose. The latter contain a very large number of blood vessels, intermingled with the connective tissue, while those of the rectum are much less vascular. The removal of this polypus makes an end of the case, the patient having had no hemorrhage whatever since the little operation was performed.

Cervical Adenitis.

The first thing that you notice about this baby is an erythematous eruption over one side of the face. Where you meet with such an eruption, always look for a local origin. Among their frequent causes are, hard diapers, scratching, and external applications, such as turpentine, benzine, etc. In the present instance we find that it is explained by the presence of a large abscess under the angle of the jaw. I can introduce a probe for fully an inch into it, but I am unable to follow it up to the bone. Such glandular and peri-glandular abscesses (for such seems to be its character) remain for a long time, unless they are cauterized when deep, or laid open freely when superficial. As in the present instance it is a very deep one, frequent cauterizations should be resorted to, and I should recommend them to be made three times a day, commencing with the solid stick of nitrate silver, and afterward using the same agent in solution. This eruption is simply the result of local irritations, and no salves or other applications are necessary in its treatment.

Rachitis, with Cranio-Tabes.

This baby of eleven months was brought to me on account of a cough and some fever; but something else about it at once attracted my attention, which explains both the fever and the cough. I have a habit (which I wish you would all form, also) of examining the head of every infant that is presented to me; and in this instance I found rather a round cranium, which was decidedly flattened on one side. I also noticed very large veins over its surface, and from this I would conclude that those within the cranium are also dilated, indicating hyperæmia of the brain and meninges. On examining the occipital bone with the fingers you will find in it frequent spots of softening, through which you can feel the meninges distinctly. Softening of the cranial bones is a not uncommon result of rachitis, and they then gradually become worn away by the pressure of the pillow or the mother's arm, until there is nothing left in some portions but the dura mater. Undoubtedly we shall find other symptoms of rachitical disease in this case. The sulcus which you here observe about the thorax is due to an unnatural softening of the ribs, on account of which they give way under the pressure of the diaphragm. It is sometimes seen in later life. Rachitis which occurs very early, it appears, is usually connected with a large thymus gland. On percussion, in the present case, we find that there is decided dullness in the upper part of the chest; and sometimes this dullness, due to an enlarged thymus gland, covers the whole upper third of the pericardium.

Bronchial catarrh is a constant concomitant of rachitis, and pneumonias frequently result from such catarrh. Here there is not much increase of temperature, and only a few loose râles are heard on auscultation.

Here only constitutional treatment will be necessary; but it should be especially directed toward the cranial trouble. From the hyperæmia existing such children are frequently subject to convulsions and other head symptoms; and we find that this infant has already had three attacks of convulsions. The first occurred five months ago, and the last about five days since. These were due, no doubt, both to the hyperæmia and the large quantity of meningeal fluid present. It is of no use to treat such cases of convulsions, unless we can cure or relieve the constitutional disease. The prognosis should always be guarded in cranio-tabes. It takes at least six months of medicinal and dietetic treatment to produce any appreciable effect in this affection. This child should be given beef, eggs, barley, oatmeal, etc., but no pure milk. It should have, frequently, cold baths, and short applications of ice should also be made to the head. Internally, I would recommend, as remedies plainly indicated, the iodide of iron and the bromide of potassium or sodium. The child should not be allowed a soft pillow, should not wear furs, and should not be exposed to the sun. Dietetic treatment is the most important in these cases.

I would, furthermore, warn you to look out for the occurrence of spasm of the glottis. There is, also, another condition resembling this. Children will sometimes be noticed to stop short in their play, with their arms hanging down, and their mouths half open, while their faces become very pale, or turn purple in color. These symptoms are all due to a paralysis of the respiratory centres; and if it should continue for any length of time the patient dies, then and there. But usually there follows a reaction, with a long, crowing inspiration; and this is known as laryngismus stridulus.

It has, then, two stages; one of apnœa, and one of reaction; and whenever a mother reports this condition to you, you should always examine the child carefully for cranio-tabes. In ninety-nine cases out of a hundred the latter will be found. In the present case the temperature is 100¾°. We shall, therefore, resort to quinine for a few days (giving about four grains once a day), after which we shall put the little patient upon a strictly anti-rachitical course of treatment.

Condylomata of the Vulva.

You will notice the labia of this little girl of six years covered with wart-like growths. There are none in any other situation. We

find that there is slight enlargement of the inguinal glands, but as she has a large abdomen, from chronic diarrhœa, the latter is probably due to this cause. There are no condylomata about the arms, which is the common seat of these growths when they are due to specific trouble; and I should seek for their causation in some purely local irritation. Among such causes may be mentioned catarrh, which is very common as the result of cold from sitting on ground, etc., the *oxyurus vermicularis*, masturbation, and catarrh of the bladder. The best treatment of these growths is the application of caustics, and the best caustic that I know of for this purpose is a combination of chlorine with acetic acid, the dichlor-acetic acid. In the present instance, however, we shall use nitric acid, and it should be applied about once a week until a cure is effected. You notice that the child does not complain of pain when I first begin to make the application, but says it only itches. If she should suffer subsequently, the mother will be instructed to keep the part wet with ice-water.

Epiphysitis.

This child of two and a half years is suffering from extensive bone disease. Hereditary syphilis sometimes shows itself in the bones alone, attacking the thin plate of cartilage situated between the epiphyses and diaphyses. You will, perhaps, remember such a case here, in which the arms were thus affected to such an extent that the lady was supposed to have paralysis, and yet which recovered perfectly under anti-syphilitic treatment.

This disease, as well as others, is apt to attack such parts as are in the most active growth, like the bones and the brain. In the present case there seems to be no evidence of syphilis. You see that the left elbow is greatly swollen, and that there is suppuration, with enlargement of the surrounding veins. The disease has attacked this part on account of the rapid growth of the bones, and especially of the epiphyses. There is also osteitis of other parts. The first phalanx of the left hand is diseased, and the whole wrist-joint of the right arm is affected. The disease, the mother states, did not commence until the child was two years old; so that it is just possible that the latter may have been syphilitic originally. But as this is the seventh child, and the others are all healthy, and as the mother has had no miscarriages, I think we can safely exclude syphilis, and consider this a *bona fide* epiphysitis of the growing bones.

Now, as to the treatment. It will not do to lay the elbow-joint open; but we shall resort to aspiration, in order to get rid of the pus, which is essential to the proper management of the case. The child should be put upon the same dietetic treatment as the rachitical baby, and in addition we will give it one-hundredth of a grain of phosphorus three times a day. On account of the extent of the trouble, there is danger both to the joint and to the life of the child, and it ought, therefore, to be sent to some good hospital, where it can receive the most constant attention. Aspiration should be performed soon, in order to relieve the pressure within the joint; but it is doubtful whether the latter can be saved. Anchylosis is probably unavoidable if the child's life should be spared.

Congenital Deformity of the Sternum.

This boy, six years old, has been under treatment for scoliasis, but I do not see any evidence of this condition. You will notice that in the usual position of the sternum there is a deep depression, a regular hole, an inch and a half or so deep. The heart is in its normal position, but the lungs seem to be smaller than they would otherwise have been. There is also an unusual arching of the ribs. This condition, we learn from the mother, is congenital. Now, as to its causation. If the ribs were ossified very early, we might have them bulging out laterally, and contracted in front. Or, about the third month of utero-gestation there may have been insufficient material for the formation of the diaphragm, lungs and ribs, which takes place at the same time. I take this anomaly, then, to be the result of an arrest of development. This depression, you will see, is just at the insertion of the diaphragm.

In this connection I may mention, however, that I do not find any anomalous fissure of the uvula, which is apt to be present in such cases; though the lower part of it is broader than usual, which may indicate a late union of the two parts.

DISEASES OF CHILDREN.

CLINICAL SERVICE OF DR. WM. PEPPER,

Professor of Clinical Medicine at the University of Pennsylvania.

REPORTED BY S. M. MILLER, M.D.

Cystic Tumor of the Liver, of Probable Hydatid Nature.

A little girl, some ten years of age, was brought before the class suffering from a cystic tumor in the right hypochondrium. Not quite two years ago an enlargement began to make itself visible in the upper part of the right side of the belly, and soon assumed a definite projecting form. The child became emaciated, weak, and nervous. There was no jaundice, and examination showed no disease of the kidneys or thoracic organs. The tumor could be defined, extending from the right hypochondrium down to the umbilicus, and from a little to the left of the median line to the superior spinous process of the ileum, on the right. The dullness of the tumor was continuous with that of the liver, and the mass moved with the liver in the act of breathing, so there was evidently a close connection between the two. The tumor had grown slowly and without pain. The child was before the class on two former occasions. On the first of these the tumor had been tapped, and from forty to fifty fluid-ounces of

clear, limpid serum removed. This would have been analyzed for albumen and salines, but that the vessel containing it was broken at the time, and the serum lost. The child went away, but came back a second time, with the cyst as large as at first. Again it was tapped, and about the same quantity of slightly turbid fluid removed. An injection of iodine was afterward made into the cavity. After this the cyst began to shrivel up and the child improved vastly. Three months ago the cyst again began to increase in size, and the symptoms returned. The abdomen, though not so much enlarged as at first, was much distended, and the superficial veins turgescent. On percussion the flatness extended over about the same space it originally occupied. There was distinct fluctuation. On palpation the *crumpling* sensation peculiar to one kind of cyst was not felt here. Careful percussion showed that there were no coils of intestine between the cyst and the abdominal wall. The cyst was for a third time tapped and aspirated before the class, and twenty-two fluid-ounces of light, straw-colored and slightly turbid serum were removed, and a solution containing one-half fluid-drachm of iodine to one and a half fluid-drachms of water injected into the cavity. The operation was attended with no difficulty whatever, and was followed by no pain or fever. The child was discharged from the hospital two days later. The examination of the product of this third tapping revealed the following characters, viz.: specific gravity, 1.008; reaction, alkaline; color, very light straw; two per cent. of albumen; a trace of sugar; no urea; one hundred and twenty-five grammes of solid matter, some fat cells, red blood corpuscles, and a few leucocytes; no hooklets of echinococci were found.

Abdominal tumors in children are far from rare, and usually, on account of the greater thinness of the abdominal walls, it is more easy to diagnose their character and location in children than in adults. In the present case the palpation shows clearly that the tumor is a cystic one. It is further evident that it is closely, if not organically, connected with the liver.

The kidney is sometimes the seat of cystic disease, but in the present case the collection is evidently not in that organ, or it would be more deeply seated, and would not rise and fall with the movements of the liver in respiration. It is more difficult to determine the exact nature of the cyst occasionally following a blow or injury to the abdomen, for without known cause a local peritonitis is set up, which may bring on an effusion circumscribed by adhesions and false membranes, thus forming an encysted dropsy. This is a rare condition, however, and in the present instance there is nothing in the history of the case which would lead us to suspect its existence. I would call particular attention to the entire absence of pain during the development of the disease.

Another form of cystic tumor is that due to hydatid disease. These hydatid cysts are caused by the embryos of the tapeworm gaining access to the tissues through the intestinal canal. They may become fixed in almost any of the organs, particularly the liver and spleen. Subsequently they are surrounded by a membrane in which fluid is formed, so that ultimately a cystic tumor, even of enormous size, may be developed. Such cysts may be single, or may contain several cavities. The fluctuation in them is usually very distinct, and occasionally on palpation a peculiar crumpling sensation is evident. Whatever doubt may exist as to the nature of a cystic tumor, such as the present, it can usually be removed by a simple exploratory puncture, since the fluid of a hydatid cyst differs entirely from any other fluid, healthy or morbid, found in the human body. It is limpid, like spring water, and colorless, containing chloride of sodium, but neither sugar, urea, nor albumen; of course, if from any cause inflammation of the lining of the sac has been set up, the fluid will contain a small amount of albumen, and leucocytes will be found. There may also be discovered fragments of the echinococci, especially their small hooklets.

Now, in the present case, the fluid of the first drawing resembled precisely the fluid of the hydatid cyst. Unfortunately, this was lost and could not be analyzed. The fluid of the third and last tapping, however, contained two per cent. of albumen and a trace of sugar, but no urea. It is not probable that in any ordinary case of inflammatory effusion the amount of albumen would have been so small, or urea absent, while the slight amount of suppuration evidently established in the lining of the cyst would easily account for the small amount of albumen and leucocytes present. So that this serves to confirm me in my view that we have probably to deal with a hydatid cyst of the liver.

Hydatid cysts are very common in some countries, but rare in the United States. In regard to their treatment, neither internal remedies nor local counter-irritation can effect their absorption. The only available method, then, is the evacuation of the contents. It is true that in some instances a spontaneous cure may be effected by the gradual shriveling and contraction of the sac, but as there is constant danger of the sac rupturing and bringing on peritonitis, and as the operation of evacuating the sac is almost entirely free from danger, I should advise, by all means, its performance, and not trust to the slim prospects of a spontaneous cure.

In evacuating hydatid cysts, some have recommended causing adhesions between the cyst and the abdominal walls by escharotics, and then making a free opening into the sac and maintaining it until the cavity is altogether obliterated. This mode of operation is often followed by fatal results, either from exhaustion, from protracted discharge, from purulent absorption, or from peritonitis. I would, therefore, recommend the use of a delicate trocar

and canula to make the puncture, and the removal of the liquid by aspiration. Even if adhesions do not exist between the cyst and the abdominal wall there is very little danger of bringing on peritonitis. In the first tapping, even if a few drops of the limpid fluid should escape into the peritoneum, it is not likely that they would cause inflammation; while if a second operation be required, and the fluid be purulent, it is probable that adhesions would have been formed at the point of first puncture. I have but little fear, however, of any fluid escaping into the peritoneum through the opening made by the fine needle employed in the present case, and as a matter of fact, there has not been the least evidence of peritonitis after either of the three tappings of the cyst. It frequently happens that a hydatid cyst is cured by a single evacuation. But in the present case it will be seen that it has been necessary to perform the operation three times.

It will be remembered, however, that these cysts are often multilocular, and it is by no means impossible that, while the original cyst has shriveled up, a secondary one has continued to develop, and has, in turn, required to be emptied. This view is rendered probable by the long interval that elapsed between the second and third operations. I trust, however, that I have now performed it for the last time, and that the third puncture and injection of diluted iodine has been followed by the complete obliteration of the sac.

[Note.—The child has continued quite well after the last operation (some five months ago), and when last seen, several months subsequently, there was no appearance of a return of the tumor, but merely a circumscribed dullness on percussion and sense of resistance on palpation, to mark the spot where the tumor had formerly been.]

Editorial Department.

Periscope.

Use of the Nasal Douche.

In regard to the asserted danger from the use of this apparatus, Dr. H. N. Spencer says, in the *Transactions* of the Missouri State Medical Society, 1877:—

I believe it is the least harmful of the methods at our command in that class of cases where we are compelled to resort to some means of effecting freedom from an accumulation of discharge so situated as to render its removal by the probe impossible, and until the removal of which, applications, by whatever method, are futile. To effect this relief I think it is not necessary to continue the spray to a point where there would be liability to danger from forcing fluid into the Eustachian tube, and I think it may be laid down as a rule that the spray should never be made to overflow the nostrils. It has been my practice to use as much of the spray as is ejected by two or three compressions of the bulb, and then to instruct the patient in an effort to free the parts by voluntary muscular action, repeating this as many times as may be necessary; and this effort on the part of the patient to relieve the naso-pharyngeal space from any accumulation by drawing it down into the mouth, to be expectorated, brings away, at the same time, any fluid which, remaining, might be conducive to an accident. The very fact of there being a liability to so grave an accident as has been pointed out, should make us very cautious in the use of such an instrument. I would restrict its use to the indications for it, and guarded by the precautions I have laid down. Its value as a means of conveying medication cannot be over-estimated, as it appears to me, but in this use of it we do not need more than the instantaneous spray, which, as Dr. Buck states, must be regarded as "a perfectly safe proceeding."

On "Spontaneous Combustion."

In his "Lectures on Medical Jurisprudence," Dr. Francis Ogston says:—It may not be out of place here to notice the alleged occurrences of what has been termed spontaneous human combustion, and the occasional preternatural combustibility of the human body.

The first of these points may now be safely set aside as inadmissible, notwithstanding the high authority of Orfila and Devergie in its favor, and some cases advanced previous to their time, in proof, as it was believed, of such spontaneous combustion.

The second point, the occasional preternatural combustibility of the body, is also believed by our best writers on medical jurisprudence to carry with it its own condemnation. The arguments in its favor rest upon the occurrence at times of such cases as the following, which, with a similar one, came under my own notice in 1869:—A woman of sixty-six, of intemperate habits, was left in her house alone at 10 A. M. At eleven (an hour after) her body was found on the third step of the stair near the kitchen, the step on which the corpse rested and one of the spokes of the wooden hand-rail

being charred, as were the seat of a chair and a small portion of the front of a straw mattress on a bed, in the kitchen on the same floor, and adjoining the staircase. Contrasted with this moderate amount of combustion of the surroundings of the woman's body was the extent of its effects on herself. On the front of the head and face the absence of the soft parts left the exposed bones blackened and calcined. On the back of the neck and chest patches of a greasy charcoal were found here and there, and beside them the spinal column and several of the ribs exposed and burned black. The abdominal wall was wanting; the intestines a burned and blackened mass; and the surface of the liver calcined. "The upper limbs" were "distorted, the elbows strongly flexed, and everywhere charred to a great depth, the bones, however, even the fingers, preserving their position. The right thigh had its deeper muscles still uncharred, but presenting the appearance of roast beef, very dry. The skin and superficial muscles were totally burned away. The right leg, only partially attached to the thigh, was entirely converted into a greasy, black, charred mass, even the bones not escaping." "The right foot, totally detached from the leg, had been changed into a soft, black, greasy, and shapeless cinder. The left thigh, leg and foot in a condition similar to the right. Not a vestige of clothing remained anywhere." This case was published, from our notes of the judicial inspection, by my then assistant, in the forty-fifth volume of the *British and Foreign Medico-Chirurgical Review* (pages 191–92). An elaborate study of the subject proves, in the opinion of the reporter, the occasional preternatural combustibility of the body, a point in which I am disposed to agree with him, notwithstanding the ingenious attempts to explain any such instances as the above. That the combustion in this case had originated from a few smouldering ashes in the kitchen grate can scarcely be questioned, but appears to me to be insufficient to account for the fact of such extensive destruction of the body from the limited amount of combustible matter *ab extra*, without assuming that the body was in a condition unusually favorable for, and predisposed to, the feeding at its own fire, particularly when we consider the well-known fact of the difficulty experienced in its destruction by combustion.

The question, however, of the occasional preternatural combustibility of the human body, is one which I think should still be considered as *sub judice*.

Case of Ascites Cured by Copaiba Resin.

The following case, under the care of Dr. Glynn, is reported in the *Lancet*, July 14, 1877:

Owen R., aged forty-five, a furnaceman, was admitted November 11th, 1876. He stated that he had enjoyed good health until two years before, when he commenced to suffer from morning sickness, which continued more or less. For the seven years before admission he had taken a great deal of beer, but very little spirits. His occupation exposed him to considerable heat, so that he frequently drank eight or ten pints of beer before breakfast. About a fortnight previous to admission he vomited a large quantity of blood, and passed blood per rectum for about three days; after this his belly commenced to swell, and in ten days or a fortnight it became enormous. His urine was greatly diminished in quantity, high-colored, and thick.

On admission there was extreme ascites; he was emaciated, sallow, and slightly jaundiced; urine 16 ounces in twenty-four hours, high-colored acid, sp. gr. 1.025, no albumen.

After paracentesis the liver was found to be contracted, and nodulated on the lower border. The spleen was increased in size. He was ordered a mixture containing acetate of potash and tincture of digitalis, which he took until December 7th, but the urine did not increase in quantity, never reaching more than 30 ounces in twenty-four hours. Twenty-grain doses of copaiba resin, with a little rectified spirit and mucilage, every four hours, were then given. This he took until December 27th; the urine increased in quantity, varying from 60 to 90 ounces in the twenty-four hours. On this day (27th), although the urine had been steadily increasing, as he suffered considerably from dyspnœa from pressure, paracentesis abdominis was performed; 20 pints 8 ounces of clear fluid were removed.

The resin was discontinued, and ten drops of tincture perchloride of iron were given three times a day until the 20th of January, when the peritoneal cavity was again quite full. There was considerable dyspnœa, and the urine was reduced in quantity to about 14 ounces a day. Paracentesis was resorted to, and twenty-nine and a half pints of fluid were removed. The iron was stopped, and he was put on fish diet with 4 ounces of gin, and he was ordered to inhale thirty drops of oil of juniper three times a day; a strong infusion of digitalis was also applied to the abdomen. From the 20th of January to the 2d of February the urine averaged about 25 ounces daily; the peritoneal cavity refilled, and on the latter date was tapped, thirty-two pints of fluid being removed. From the 2d to the 11th of February he took a mixture containing spirit of juniper and infusion of digitalis; the urine did not increase (average about 22 ounces), and the abdomen became full and tense. On the 11th paracentesis was performed, and twenty-nine pints of fluid were removed. From the 11th to the 24th of February all medicine was omitted; the gin was increased to 6 ounces, as he was very weak; the urine averaged about 30 ounces. On the 24th it was necessary to tap for the fifth time, twenty-four pints ten ounces being removed.

He was again put on the resin of copaiba, twenty grains every four hours. The fluid reaccumulated; at one time there was great distention, but the urine gradually increased in

quantity. On February 26th, 42 ounces; March 3d, 55 ounces; 10th, 75 ounces; 15th, 87 ounces; 25th, 100 ounces; 30th, 140 ounces; April 2d, 140 ounces; 6th, 130 ounces; 11th, 206 ounces; with an average of 150 ounces a day until the 16th of April, when the peritoneal cavity was quite free from fluid. The resin was then omitted, and the patient was ordered fifteen drops of tincture of perchloride of iron three times a day. He rapidly regained strength.

On Post-partum Hemorrhage.

Dr. James Brisbane writes, to the *Lancet*:—About four years ago I had in close succession two very bad cases of flooding, which yielded, after all other means had failed, to perchloride of iron by the "ready method," as described by Dr. Wynn Williams, and of which I shall have more to say presently. For a couple of years or so after this I made a point of carrying a bottle of perchloride of iron to every case with me. But when a long series of cases—100 or more—are attended without a single mishap, a feeling of security is thus engendered, and one does not go to every case prepared for all emergencies. It was so in this case, and I can now only lament the loss of my patient. I have attended in all upward of 1800 confinements. These include four cases of placenta prævia, several cases of accidental and numerous cases of post-partum hemorrhage, and the above is the first case I have lost. In the slighter cases I have found the application of cold and the administration of ergot suffice to stop the flooding. In more severe cases, the introduction of the hand will often succeed. Dr. Hamilton, of Falkirk, about twelve years ago suggested a method of restraining post partum hemorrhage by introducing one hand into the vagina and passing the fingers behind the uterus into the sulcus between the vagina and uterus. Compression is thus made from behind, internally, while with the other hand compression is kept up externally. The uterus is thus held between the two hands. But in a short time the hand internally becomes so tired that it is impossible to keep up pressure for any length of time. Nor have I found this a very successful mode of keeping the flooding in check. A more effectual mode is that suggested by Dr. Gooch, viz., to introduce the hand entirely within the uterus. The stimulus of the hand will often cause it to contract; and, even if this does not occur, the bleeding can be more effectually controlled by pressing the back of the hand against the placental surface of the uterus. I am sure that but for the adoption of this method my patient would have sunk in one-half the time. A turpentine enema I found effectual in two severe cases.

The application of ice externally, and the introduction of a lump into the vagina, I have not found to fail in more than four cases. In these four cases the perchloride of iron was at once successful in arresting the flow. As the use of perchloride of iron in post-partum hemorrhage may still, to some extent, be regarded as *sub judice*, every case bearing on the point must be looked on as interesting. My experience extends to four cases, and in all it acted like a charm. It is a most simple and efficient mode of treatment. Nothing more is required than to carry a two-ounce bottle of ordinary tincture of the muriate of iron. A piece of sponge can always be obtained. This is compressed in the palm of the hand and the iron poured on it, and thus it is conveyed up to the bleeding surface of the uterus, against which it is pressed and left *in situ*. The blood coagulates, the uterus contracts, and the patient is rescued from the most imminent danger. I have at my next visit always found the sponge in the vagina, nor have I ever seen any bad effects follow. This mode of using the iron appears to me to fulfill the *cito et tuto* indications much more than Dr. Barnes' method of injection. No time is lost in preparing the fluid and getting the injection apparatus in readiness; and, further, those objections of producing thrombosis, injecting air, etc., are obviated.

All writers on post-partum hemorrhage make mention of the rapidity of the pulse after delivery as being a symptom of grave import, as indicative of hemorrhage. But there are other conditions of the pulse which I have not seen adverted to by any one—viz: 1st, irregularity: 2d, unusual slowness. Mere rapidity of the pulse may be, and often is, present after delivery from other causes than hemorrhage—from exhaustion, etc. But I have never seen this irregularity of pulse—now beating at from 80 to 90, then suddenly mounting up to 120 or 130, then suddenly falling again to 90 or 100—I have never observed this condition except where flooding was present. I have, therefore, learned to attach far greater importance to irregularity than to mere rapidity of the pulse. Again, one of the worst cases I ever had was where the pulse, from beating at its normal standard, 80, suddenly fell to 50. This I have observed only in one case. In one or two cases the pulse was distinctly intermittent. The common injunction given in books on midwifery is not to leave a patient when the pulse is above 100. But I have often done so, provided it is beating steadily; whereas a rapid and irregular pulse would have caused grave anxiety and solicitude.

Atheroma.

At the sitting of the Society of Public Medicine (Paris, June 27th), M. Gubler communicated an interesting paper on arterial atheroma. He believes many influences are at work in producing this alteration; whilst the rich in their old age are often exempt from it, the working class have a great tendency to it. The rôle of alcohol, as a cause, has been blamed too much; the rich drink as much as the poor;

alimentation plays a more important part; the wealthy have a more succulent and azotized diet, whilst the workman eats such vegetables as horse-radish and apples, which contain a large quantity of calcareous salts. The frequency of atheroma among those who abuse vegetable diet is due to these calcareous salts, in virtue of general laws. The algæ retain the iodine and bromine they take up in the sea, and from analogy, he considers that mineral solutions leave their salts in the tissues. Cretification especially takes place when the tissues are not well nourished; the middle coat of the arteries belongs to this class, and is supported by imbibition. M. Gubler thinks it worthy of research to compare the frequency of atheroma among peasants living on lime formations, and among the rich who adopt a vegetable diet. The rarity of atheroma in localities poor in silica has been established, whilst Dr. Leblanc has verified its presence in Orleans, a lime formation, and Dr. F. Raymond has noticed indurated arteries in many young monks of the order of Chartreux, who lived exclusively on legûmes.

Tests for Adulteration of Oil of Cloves and Oil of Pennyroyal.

Oil of cloves is often adulterated with carbolic acid. This may be detected by agitating the suspected oil with fifty parts of hot water; decant and slowly evaporate the aqueous portion to a small bulk. Add one drop aqua ammonia and a very little chlorinated lime. If carbolic acid is present, a green color, changing to a permanent blue, is developed.

Pure oil of cloves congeals into a crystalline mass, with total loss of its odor, when agitated with an alcoholic solution of potassa.

Oil of pennyroyal is mixed with oil of peppermint as an adulterant. To detect this mixture I have found the following process very effective: Take of—

℞.	Hydrate chloral	ʒj
	Sulph. acid, C. P.,	ʒss.

Rub together until a liquid is formed, which make clear by adding alcohol, drop by drop.

Place a few drops of this solution in a watch-glass, with an equal amount of the oil, then rub together with a glass rod. If oil of pennyroyal is present, it will turn an olive green, but if it is pure oil of peppermint the color will be a cherry red.

Women Physicians in India.

An English lady, Lady Anna Gore-Langton, writing from India, says:—"Nothing is more painful than to see the vacant, hopeless, melancholy faces of the adult women; and nothing is more wanted than lady doctors, who might save Indian women much suffering. Sir Salar Jung exerted himself some time back to secure a lady doctor for India. He had to send to America for one, and she has now a large practice among the native women."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"The Art of Propagation" is a concise practical work on the rapid increase and multiplication of stock—amply illustrated. Price, prepaid, by mail, fifty cents. Published by Jenkins' Grape and Seedling Nurseries, Winona, Columbiana county, Ohio. Send for it, and for free catalogue.

By a special arrangement with the publishers, we offer the above work at forty cents per copy.

——Proceedings of the Medical Society of the County of Kings. Containing articles as follows:—"On Aural Therapeutics," by J. D. Rushmon, M.D. "Case of Traumatic Tetanus—Recovery," by G. A. Evans, M.D. "New Atomizer for Medicating the Superior Air-passages, Vagina and Uterus, and the Eustachian Tube and Middle Ear," by W. H. Burnett, M.D.; and also an interesting pathological section.

BOOK NOTICES.

Headaches, their Causes and their Cure. By Henry G. Wright, M.D. Seventh edition. Philadelphia, Lindsay & Blakiston. 12mo, pp. 117. Price 50 cents.

An Index of Diseases and their Treatment. By Thomas Hawkes Tanner, M.D., F.L.S. Second edition. Revised by W. H. Broadbent, M.D. Philadelphia, Lindsay & Blakiston, 1877. 1 vol., cloth, 8vo, pp. 432. Price $3.

These works are so well known from the previous editions, that any detailed notice is unnecessary. Dr. Wright's little treatise contains a great deal that is practical, on an affection which is very common.

Dr. Tanner's Index consists of an alphabetical list of diseases, giving under each a very condensed synopsis of the etymology of the name, the pathology, symptoms, and treatment. The matter is so exceedingly abbreviated, from two to four diseases being discussed on each page, that its main value must be for a student preparing for examination, or perhaps to give a fill-up to the flagging memory of the practitioner.

THE

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THE LEGAL AND PROFESSIONAL RECOGNITION OF IRREGULAR PRACTITIONERS.

The position which irregular professional men bear to those who are regular has lately been the subject of discussion in several quarters.

In this city, a medical officer of a public institution for the insane declined to recognize a certificate of insanity signed by homœopathic physicians and otherwise in due form. The refusal led to a series of articles in the daily papers, commenting in acrimonious language on its supposed grounds. It did, at first sight, indeed, appear to have been an example of what Talleyrand used to warn his young diplomatic friends against—too much zeal. Any institution chartered by the State to confer diplomas, and held in esteem by the believers in that especial theory of medicine, and by its sister institutions of similar stripe, should have its graduates recognized as doctors of medicine in the eye of the law. Thus it would be unheard of for a Health Board to refuse a certificate of death from any graduate of any chartered school in good standing, no matter what its favorite ism.

But the case in point—that of Dr. Mullen—was otherwise. The rules of the Board require him, very properly, as the laws of the Commonwealth also do, to make a personal examination before signing a certificate of insanity, and in refusing to do otherwise he simply did his duty. It was not his business to certify to the character of other physicians. There is nothing in this case that properly involves the question of professional relations with homœopathists. A physician, in his private practice, may have his own ideas of professional ethics, but when he holds an official position he is bound to recognize everybody whom the law recognizes as a physician, whatever kind of a "pathist" he may be, or wherever he got his diploma.

Yet this is not to open the door to an unbounded license. The Board of Health of New York city received, a few weeks ago, a certificate of death from a so-called eclectic physician, claiming to be a graduate from Buchanan's institution in this city—an institution notorious in two continents for its unblushing sale of diplomas. Doubting the standing of such a testimonial, even among the eclectics, the Board applied to the Dean of the Eclectic School in New York city, who promptly and forcibly repudiated any recognition of the diploma, and denied that it entitled the bearer to be an eclectic physician. So the Board felt itself justified in declining his certificate.

Since the establishment of State Examining Boards in various commonwealths, the irregular practitioner, be he eclectic, botanic, homœopathic, spiritualistic, Thompsonian, or what not, does, if he passes his examination, bear on his license to practice the names and approval of some of the best regular physicians of his district. This gross abuse has been condemned at divers times in these pages. The profession

should insist that not merely the possession of knowledge qualifies a man or woman to practice medicine; the *application* of that knowledge according to what we know to be the true scientific principles should be insisted on; and should legislatures refuse to acknowledge this (as they undoubtedly would), it were better for us to cease urging any legislation of the kind, and trust to the gradual cultivation of a correct public sentiment.

To effect this latter, nothing is so important as a consistent bearing in the regular profession itself. There must be no tampering with professors of false doctrines, no consorting and consultations with irregular practitioners, nothing which would convey to the public the belief that we give a *quasi* endorsement to their views. Having recognized that in the eye of the law they are medical men, it is our duty not to go beyond this.

Especially should care in this direction be exercised by those whose positions are prominent. Instead of feeling that such prominence confers immunity from the ethical precepts we claim to follow, it should be felt that an increased respect for them is necessary.

Yet that such is not the case has been painfully shown recently in this city. A newly selected Professor in one of our most distinguished institutions, a man, too, whose name is familiar in medical literature, has been accused of deliberately and openly consulting with homœopathic practitioners, and, we understand, does not deny the charge, nor pretend that it will cease. If either eminence of position or a name with which he inherits honor in our profession proves sufficient to shield such action, the profession is playing false to its own self-respect, and will richly merit any disgrace or discredit which may accrue to it therefrom. A scientific journalist is not a *custos morum*, but should the proper tribunal be negligent or cowardly, it may become the journalist's duty to enlighten the general professional public as to that fact.

Notes and Comments.

A New Method of Disinfection.

The *Scientific American* states that M. Boschau has devised a method of disinfection based on the continuous and economical production of ozone by means of manganese dioxide, which is of timely interest. Ordinary light brown wrapping paper is thinly covered with size, and on the latter the pulverized dioxide is sifted, so that it forms an adherent layer. It is merely necessary to hang the sheets thus prepared in the apartment to be disinfected or aerated. M. Boschau states that he lined a trunk with paper thus prepared, and placed therein some old cheese and strong radishes, which he left in the receptacle for a fortnight. At the end of that period the materials were removed and the lid of the trunk quickly shut. Fifteen minutes afterward, on opening the trunk, not the slightest odor was perceptible, the ozone given off by the dioxide having completely disinfected the carbonic and butyric acids produced. The inventor proposes to manufacture wall paper, prepared in an analogous manner, for use in schools, hospitals, etc.

Causes of Insomnia.

A lecturer remarks that ordinary cases of insomnia may be divided into three classes—senile, toxic, and psychical. In the senile form of the affection the disorder depends upon degeneration of the cerebral arteries, and is difficult of cure; in the toxic, upon abuse of alcohol, tea, or tobacco, and ceases upon the removal of the cause; in the psychical it arises from continued and excessive mental strain, grief, anxiety, worry, etc., and is usually successfully treated by full doses of bromides conjoined with tincture of ergot and cod-liver oil. If the insomnia be serious, it must be stopped at once by hypnotics, preferably by opium.

Syphilis as a Cause of Aneurism.

In an able lecture, lately, Mr. S. Messenger Bradley remarked that in no class of affections is the destructive power of syphilis greater than in those of blood vessels; in no class is it less seen and more felt; giving rise to few or no active symptoms, an arterial lesion often exists, which suddenly announces itself by the rupture or the dilatation of the vessel affected,

hemorrhage (probably cerebral), or an aneurismal tumor, as the case may be, being the result. The influence of syphilis upon the veins is less, indeed, is little understood; but, doubtless, it is here, as elsewhere, potent for mischief, and in all probability a syphilitic phlebitis is a common precursor of the syphilitic ulceration of the legs which we so often see. The action of the poison upon the arterial system has been carefully studied; in the first place, it gives rise to a localized arteritis, and the exudation being absorbed, an atheromatous patch is left, which so weakens the vessel as to determine either its rupture or its yielding. It is probably not too much to affirm that fifty per cent. of all cases of aneurism met with in adult life are due to the poison of syphilis.

Treatment of Sunstroke.

Considerable attention has been excited in England by the recommendation of an engineer, Mr. Smeaton, to treat sunstroke by hot applications. "Coup de soleil (he says) is a species of heat-bite, strictly analogous to frost-bite, and subject to the same curative laws. It is caused by heat and should be cured by heat, although not by the heat in the precise form which caused sunstroke." And he is convinced that the proper treatment of this affection "is the immediate application of substances capable of absorbing redundant heat from the system rapidly, and, by counter-irritation or otherwise, attracting a portion of it to some organ not so delicately related to the centre of vital force as the brain is."

If our readers will look at the Reporter, October, 1868, they will find this suggestion was long since anticipated by an American physician, Dr. Heron, of Cincinnati.

A Daring Therapeutist.

At a late meeting of the Massachusetts Dental Society, Dr. Waters, of Salem, stated that bicarbonate of soda, such as used for cooking purposes, or any other alkali in neutral form, would afford instantaneous cessation of pain from the severest burns or scalds, and would cure such injuries in a few hours. Dipping a sponge into boiling water, the Doctor squeezed it over his right wrist, producing a severe scald around his arm and some two inches in width. Then, despite the suffering occasioned, he applied the scalding water to his wrist for half a minute. Bicarbonate of soda was at once dusted over the surface, a wet cloth applied, and the pain, the experimenter stated, was almost instantly deadened. Although the wound was of a nature to be open and painful for a considerable time, on the day following the single application of the soda the less injured portion was practically healed, only a slight discoloration of the flesh being perceptible. The severer wound, in a few days, with no other treatment than a wet cloth kept over it, showed every sign of rapid healing.

Saccharated Calomel.

The *Medical Press and Circular* calls attention to the fact that when calomel, in powder, is mixed with powdered white sugar or magnesia, it forms in twenty four-hours a corrosive sublimate.

Several years ago the Reporter contained an article to the same effect.

On the other hand, Carl Bernadi, pharmacien, Milan (*Bulletin Pharm. de Pietro Viscardi*, October, 1876), has made numerous experiments, and concluded that the poisoning was not due to the formation of corrosive sublimate, but to the impurity of the calomel employed.

Further experiments are necessary to settle this point, and they will not certainly be very difficult.

Calomel, fortunately, may be given in various other ways, as by simply putting on the tongue without any mixture.

Emetics and Purges.

The *British Medical Journal* states that Dr. Dowse, of the London Sick Asylum, has implicit faith in what he calls the revulsive treatment of disease; and, although he admits that it is as old as the hills, yet he considers it to be of the utmost value. It appears to be his common practice to administer emetics and purges, and in cases where it would have been thought heterodox fifteen or twenty years ago. The emetic is composed of one scruple of ipecacuanha and half a grain of tartar emetic, the purge of half a drachm of compound scammony powder and two grains of calomel, to be given three hours after the emetic. He denies that this emetic is a depressant; on the contrary, it relieves depression by its revulsive action in eliminating morbid material and stimulating healthy glandular secretion. He always commences the treatment of erysipelas in this manner, even in its severest form, with

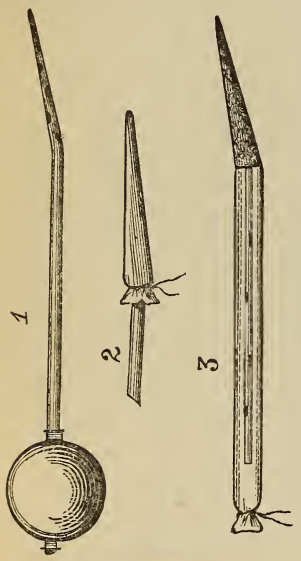
the most beneficial results, and out of many hundred of cases the success has been universal. In his opinion, it materially lessens the tendency to pyæmia.

Correspondence.

Dilatation of the Cervix Uteri.

Ed. Med. and Surg. Reporter:—

In an article upon the "Dilatation of the Cervix Uteri," published in the Philadelphia *Medical Times* (July 8th, 1876), I called attention to what may be considered a perfectly safe and reliable method of dilatation. This is accomplished by the use of an instrument devised by my friend and colleague, Dr. Joseph A. McFerran, which consists of a small metallic tube holding upon its perforated extremity a sponge tent that is completely enveloped by an easy fitting cap of thin india-rubber. The rubber, while permitting the sponge to dilate to its fullest extent, prevents it from absorbing fluids from the canal, and protects the cervical mucous membrane from abrasions.



Water reaches the sponge through the tube, which has upon its vaginal extremity a rubber ball for a reservoir. By gentle pressure upon this ball, and the use of a small stop-cock, the tube is kept filled with water, which reaches the sponge through the perforations referred to.

This little instrument, which bears the name of McFerran's Uterine Dilator," has been fairly tested, and its value will be highly appreciated by those members of the profession who are familiar with the unavoidable dangers often attendant upon the use of the sponge tent as it is ordinarily employed.

I again call attention to the doctor's invention, with the hope that it will come into general use. Messrs. Leech & Greene, of Boston, are now manufacturing these instruments. Those received by myself have been elegantly made and answered their purpose admirably.

Respectfully yours,

Theodore H. Seyfert, m. d,
Physician to the Gynecological Hospital.

Queen's Hospital College.

Ed. Med. and Surg. Reporter:—

In the current number of the Reporter I observe that Dr. Sayre has visited, during his sojourn in England, Queen's Hospital and College (my alma mater), of Birmingham, and in the theatre thereof addressed both the Faculty and students, and was afterward entertained at breakfast by Mr. James F. West, the Senior Surgeon. May I be allowed to inform you that Mr. J. F. West and Mr. Furnieux Jordan are two of the most accomplished surgeons in the Midland counties of England, and both former students of Queen's College and Hospital, the former gentleman having been for several years, during my residence therein, House Surgeon. Both gentlemen being gifted with fine oratorical powers, are magnificent teachers and lecturers of the Divine Art; and if any gentleman or gentlemen in England could give a hearty welcome, both in words and deed, it is those already mentioned. I may also inform you, before closing, that this Hospital and College was the adopted home of the late lamented Dr. Alexander Fleming, of aconite fame; also William Sands Cox, the founder of the joint institutions, and Mr. Langston Parker, whose well-known works on syphilis are still read by thousands. Many other well-known physicians and surgeons have graced the wards by their presence, and many are the words of encouragement and advice I have received beneath its roof from all the gentlemen herein mentioned; and I feel justly proud to know that the gentlemen spoken of have honored themselves and the noble Queen's Hospital, by honoring one of America's greatest surgeons.

Respectfully yours,

Chas. C. Cranmer, m.d.

Saratoga, August 29th, 1877.

Nitrite of Amyl in Ague.

Ed. Med. and Surg. Reporter:—

Having noticed an article by Rufus K. Hinton, m.d., in the Reporter of April 28th, 1877, with regard to the use of nitrite of amyl as an abortive remedy in the cold stage of intermittent, I determined to make use of it the first opportunity that presented itself. August 17th, about 5 o'clock p.m., R. N. S. came into my office in a violent chill, which had been on about fifteen minutes. I at once administered, by inhalation, ten drops of the nitrite, and repeated it in about five minutes. In a little more than five minutes from the administration of the first dose the face became flushed and hot, and in fifteen minutes more a complete reaction had taken place, the chill having entirely passed off. I then gave 20 grains sulph. quinia, which was retained for one hour. The following day I gave 20 grains more of the quinia, in four equal doses. So far as I know, he has not had a return of the chills. I believe that if the amyl could be given as soon as the first symptoms of the chill presented themselves, the chill would be aborted, and that no fever would follow.

But one peculiar feature of the case was, that at two o'clock A.M., following morning. he had another chill, nearly or quite as severe as the first, with fever, etc., following, but felt all right at nine o'clock A.M. The question in my mind is, would he have had the second chill if the amyl had not been administered? Would be pleased to hear from some one else upon that point. C. V. BEEBE, M.D.

Howell, Livingston Co., Mich., Aug. 28, 1877.

NEWS AND MISCELLANY.

Jefferson College Hospital.

The new hospital building of the Jefferson Medical College, on Sansom street, above Tenth, was opened last week for the first time, for the reception of patients.

The hospital, as we have before said, is built of pressed brick, and is fire-proof, being five stories in height, with a frontage of 107 feet on Sansom street and a depth of 106 feet. The interior is finished with all the necessary modern improvements incident to a hospital for the sick and wounded. A feature of the premises is the eye department, where, among other conveniences, is a room so arranged that any degree of light, or, if requisite, dense darkness, can be obtained by the operator.

On the first floor is the lecture-room, circular in form, with seats extending around its entire circumference, tier rising upon tier, at a very steep angle, and reaching to the second floor. In the centre is a table for the subject on which the lecturer is instructing the students. On the second floor are the receiving ward, visitors' room, septic ward, female ward, with four beds, continuation of the eye ward, with four beds, and an operating-room, fully equipped. The men's medical ward is on the third floor, with thirteen beds, and the men's surgical ward, with sixteen beds, while the fourth floor is devoted to the women's medical and surgical wards, with twenty-nine beds. On the fifth floor are ten rooms for paying patients, all finely furnished and situated in a cheerful and quiet part of the building.

The arrangements throughout, for heating, ventilation, etc., are excellent, and in every way suited for the purposes intended. Perfect communication is obtained by bells, speaking tubes, and the like, with the different wards and the rooms of the physicians and nurses.

The Dental Convention.

The American Dental Convention met at Oakland, Md., August 15th–17th. The following officers of the Convention were elected for the ensuing year: President, Dr. Jonathan Taft, of Cincinnati; Vice President, J. R. Walker, of New Orleans; Treasurer, J. G. Ambler; Secretary, Ambler Tees.

The following are the officers of the Maryland and District of Columbia Association: President, B. Coy, of Baltimore; Vice-President, J. Curtis Smyth, of Washington; Treasurer, H. P. Noble, of Washington; Secretary, M. W. Foster.

After passing a vote of thanks to the people of Oakland, and to M. W. Lembert, of Oakland, the Convention adjourned to meet at Niagara on the second Tuesday in August, 1878.

The Alkaloids of Quinia.

The Supervising General of the Marine Hospital Service has issued a circular letter to the medical officers of that branch of the Treasury, in which he calls their attention to the extraordinary increase in the market price of sulphate of quinia, and at the same time alludes to the success attending the employment of the other alkaloids of the bark.

In the year 1866 the Madras Government appointed a Medical Commission to test the respective efficacy, in the treatment of fevers, of quinine, quinidine, cinchonine and cinchonidine, and the remedial value of these four alkaloids, as deduced from their experiments, is shown by the following statement:—

Quinidine,	ratio of failure per 1000 cases,						6
Cinchonidine,	"	"	"	"	"	"	10
Quinine,	"	"	"	"	"	"	7
Cinchonine,	"	"	"	"	"	"	23

The preparation known as cincho-quinine contains these alkaloids, and the combination is said to have proved quite an efficacious one. One good quality about it is its price, which is materially lower than that of quinine.

"Sex in Industry."

The St. Louis *Globe-Democrat* hits thus strongly at some medical theorists:—Some of the most eminent medical specialists who have given most attention to the study of the question, insist that it is not safe to allow women to be doctors, or lawyers, or even teachers; that it is cruelty to women to allow them to aspire to occupations for which they are unsuited. The theory is good, but the learned medico who defends it has no hesitation in making his cook stand over a blazing fire thirty-one days in a month of August, and keeps his washerwoman bending over the tub six days in the week. Perhaps if the women were fairly treated, if they were paid for their work as much as it was honestly worth, and were excluded from no work that they were fitted to do, there might be fewer of them breaking down under the drudgery of hard work for 365 days in the year, and more of them living in comfort.

Yellow Fever in New York.

Robert Leitch, a Scotchman, just arrived from Florida, died in the New York Hospital on Saturday night, September 1st, of yellow fever. The health authorities at once disinfected his lodgings, and took all other necessary precautions.

An Anti-tobacco Society.

A society of anti-tobacconists, recently established in Paris, propose to bestow a number of premiums, varying in amount from 100 to 300 francs, together with medals of honor—first, for the best essay addressed to the young on the dangers of the premature use of tobacco; next, for the most extensive collection of interesting and hitherto unpublished remarks, to be drawn up by a medical man, on the diseases directly or indirectly caused by smoking; and finally, for the best essay on the moral and physical influence of tobacco on civilians and soldiers, and on students in public and private schools.

Items.

—Mr. and Mrs. Scovel (Marcia Rosevelt) have gone to Mont Dor, in the south of France, on the recommendation of Maurice Strakosch, who considers it a great place to restore the relaxed sore throat from which most vocalists suffer, and which is now troubling Mr. Scovel.

—An exchange thinks if it is true that cuca will cure bashfulness, let the stuff be declared contraband. What this country needs just now is four or five bashful men and women.

Military Surgery in Turkey.

A correspondent of the *British Medical Journal* says, of the Turkish hospitals at Erzeroum, not a single amputation, beyond that of a finger, had been performed; and the authorities seemed to have utterly discouraged all operative interference on the part of the surgeons here. The reason for this was, as was positively admitted to me by the most incompetent principal medical officer it has ever been my lot to come across, that the Government has to pension every man who loses a limb in the military service, and that it is better to let them die than to recover to be useless to themselves and their country. The cases of utter neglect and bad treatment were everywhere so apparent that it would be useless to particularize; but I can truly say that the "real atrocities" of this war may be found in the military hospitals. This establishment we took over as an "English hospital" on Sunday, July 15th, and plenty of work there was. Almost every wound of any serious importance was in a gangrenous condition, and it was somewhat hard to pick out cases for immediate operation.

The *Daily News* correspondent telegraphs from Biela: The Russian army begins to suffer in health, owing, in some corps to irregular rations, in others to hard marching, in all to heat; but the greatest predisposing cause is the total neglect of all sanitary precautions. They never bury dead horses, or oxen, or the entrails of slaughtered cattle. They never dream, seemingly, of the wisdom of the latrine system. The result is a general tainting of the air, which poisons men predisposed to fall ill by reason of lassitude from over-fatigue or long abstinence from food, although men in stalwart health escape. Their wounded are also suffering very much.

Deaths in Hospital in Paris and London.

Of the deaths of Paris, one-third occur in the public hospitals; while in London only one of every nineteen takes place in these institutions. Two causes, however, account for this. The difference in climate, no doubt, has much to do with these peculiarities of the two races; but more than this is the great difference in which these institutions are regarded in the two cities, and the vast dissimilarity in their management. The Parisian loves the hospital, be he rich or poor. If of the former, he gives freely of his means toward its support; if of the latter, he looks forward to it as a safe refuge when his days are to end by disease and suffering, when his every want will be ministered unto by the gentle hand of the patient sister of charity, and where his soul can leave its earthly tenement in peace with God and man. The Londoner, on the contrary, regards these institutions as a *dernier ressort* for the outcasts and unfortunates of society, and gives to them as a matter of necessity or duty.

OBITUARY.

DR. JESSE R. BURDEN.

PHILADELPHIA HOSPITAL, Sept. 4th, 1877.

At an appointed meeting of the Obstetrical Staff of the Philadelphia Hospital, held September 4th, 1877, in consequence of the decease of Jesse R. Burden, M. D., the following preamble and resolutions were adopted:—

WHEREAS, in the dispensation of an all-wise Providence, our colleague, Jesse R. Burden, has been taken from us by death, therefore

Resolved, That in his decease we recognize the loss of a friend whose genial manners, cordial sympathy and many social qualities endeared him to all his associates.

Resolved, That the hospital and the profession have lost in him one whose marked abilities, untiring zeal and constant devotion eminently fitted him for the responsible duties devolving upon him.

Resolved, That our heartfelt sympathies are tendered his bereaved family, whose relations to the deceased have been so suddenly sundered by this sad dispensation.

Resolved, That a copy of these resolutions be presented to his family, and that they be published in the *Ledger* and *Day*, and in the medical journals of this city.

EDWARD L. DUER, M. D.,
W. A. WARDER, M. D.,
M. D. MUSSER, M. D.,
} *Committee.*

DEATHS.

BAUMAN.—Isaac Newton Bauman, son of Dr. J. E. and Ada M. Bauman, of Telford, Pa., died suddenly, of sunstroke, on August 28th, 1877, aged 8 years, 4 months and 24 days.

CROSSLEY.—In Princeton, Ills., August 29th, 1877, George W. Crossley, M. D., aged 39 years and 6 months.

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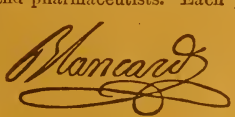

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1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly :* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say : —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, *cinchonidine*.
F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE ; and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.
"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.
"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

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"F. A. GAMAGE, M.D."

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Original Department.

Lecture.

ON TOXICOLOGY.

BY JOHN J. REESE, M.D.,

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CONDENSED BY C. C. VANDERBECK, M.D., PH.D.

Toxicology is the science of poisons. Its scope is wide, including in its consideration the natural history, properties, effects, and tests of poisons. The frequency of poisoning cases makes the subject of Toxicology of importance to every medical man. It is estimated that over two thousand persons die annually in Great Britain from the effects of homicidal and suicidal poisoning. What is a poison? It is *not* determined by minuteness of dose. It is not a substance that kills by mechanical injuries, as glass. It may be defined as a substance which, when introduced into the body by any avenue, is capable of producing, as an ordinary result, a noxious effect upon a healthy system. Let us analyze this definition. In the first place, the avenue of entrance into the body need not be confined to the mouth, or stomach. It may gain access through the lungs, as a gas; from the rectum; from the vagina; by means of the hypodermic syringe, etc. Again, the noxious result must be an ordinary one. Eggs, strawberries, and other simple and usually harmless articles have, in a few instances, produced violent and alarming symptoms; this is not an ordinary, but an extraordinary, effect. Thirdly, the noxious effect must occur in a healthy individual. Any article whatever, even simple water, will act as an irritant in some morbid conditions of the body, especially in some gastric difficulties. It is evident, therefore, that the test cannot be applied in sickness. The dose, or amount necessary to produce this noxious effect, after all, is of not much value. One grain of strychnia will kill; but it requires half an ounce of oxalic acid to produce the same result. The court does not care for the *dose;* if the *intention* was to kill, death by the acid is as criminal as by the strychnia. In fact, this applies as well to drugs ordinarily considered not poisonous. Half a pound of common salt given for worms, and two ounces of Epsom salts, used for the same purpose, have killed. In the last case, death resulted within the hour. If it could be proven that there was evil intention in administering these drugs, and whether death occurred or not, it would constitute the crime of poisoning.

In the indictment it reads: "Killed from poison, or some other destructible thing." The latter half of this clause is added so as to cover those cases which might elude the law on account of the plea of the substance not being a poison.

The administration of powdered glass, though not a true poison, is as criminal as though it were arsenic. The *modus operandi* of poisons is the same as that of medicines—through the circulation. It is only while the poison is circulating in the blood that it is active. The arsenic or the opium found in the stomach during a post-mortem examination is not the very poison that caused death; it is that which has entered the circulation and produced its specific effect upon the organism. Just the same in regard to medicines; various circumstances affect

absorption. There is nothing vital about the absorption; it is simply imbibition—entering the vessels of the stomach. It is very important to bear in mind that absorption can occur from the sound skin, more especially in delicate-skinned infants. In such, the external application of laudanum must be used with care, as narcosis may thus be produced. The most rapid absorption occurs from the lungs, as is evinced in the use of anæsthetics; very rapid from cellular tissue; less rapid from the stomach, and least quickly from the true skin. There are a few poisons that act solely, or chiefly, locally, as mineral acids and strong alkalies; the majority, however, act remotely from the seat of application. The strong acids may sometimes cause very serious and even fatal general symptoms, through the intervention of the nervous system, producing shock. There are three main proofs that most poisons are absorbed: 1st. The substance may be found in the secretions; 2d, may be found in the solids; 3d, may be found in the blood. Why poisons should cause death, even after gaining entrance to the blood, is not an easy question to answer. A hypothesis is that the poison combines with the tissues, forming a compound that interferes with function; another one is that the blood is devitalized. If the last were the case, would we not expect the blood globules to be changed? It seems they are not, as far as we are aware, altered in the least. There is one thing certain—some poisons are not eliminated the same as they were taken. Oil of bitter almonds is eliminated as hippuric acid—the oil has been oxidized; chloroform, as formic acid, etc. Poisons, like certain medicines, have affinities for certain organs, as opium for the brain, ipecac. for the stomach, digitalis for the heart, etc. The cause of this affinity is unknown, and perhaps the reason will never be discovered. The action of poisons is modified by (1) those things relating to the substance itself, and (2) by the condition of the system. As a rule, the larger the dose of the poison the more certain the effects. There are exceptions to this rule, as large doses may insure emesis, and thus evil effects be obviated. A solution is the form most readily absorbed. Mixing of substances may lessen or intensify the poisonous action. The vegetable acids make the alkaloids stronger, by rendering them more soluble. Demulcents lessen the evil effects of irritants. Arsenic and irritants act less energetically upon a system narcotized with alcohol. There seems to be an antagonism, also, between opium and corrosive sublimate. There is a case on record where half an ounce of tincture of opium and four drachms of corrosive sublimate were taken at the same time. The symptoms were modified, no acute symptoms being present; no vomiting occurred: death took place in four days, from the combined effect of salivation and dysentery. Morphia and prussic acid are alleged to be antagonistic. The Professor has experimented on this point, and he concludes that these poisons are never antagonistic if given in poisoning doses. If they are administered in quantities just within the death dose, symptoms of both drugs arise. The systemic modifications of the action of poisons are (1) habit, especially with narcotics, but not much with irritants. Apparent exception, the arsenic eaters of Styria. 2. Idiosyncrasy. 3. Disease. Brain diseases increase the activity of poisons, save mania, tetanus, and delirium tremens. Bright's disease heightens the action of mercury. 4. Tolerance. 5. Sleep. Instantly sleeping after taking a poison, the effect is retarded. The post-mortem imbibition of poisons is possible, but to an extremely limited extent. The question whether a poison can be injected into a dead body, through malice, and will it after a time be found in the liver and other viscera, reaching them by osmosis, may be answered in the affirmative. The evidence of poisoning is divided into five groups: 1. Symptoms before death. 2. Post-mortem examination. 3. Chemical examinations. 4. Experiments on the lower animals with the suspected poison. 5. Moral circumstances.

Too much stress must not be laid upon symptoms alone; disease so often has symptoms closely resembling poisoning. Cholera morbus, peritonitis, cholera, hernia, rupture of the stomach or of the uterus, any one of these may resemble irritant poisoning; apoplexy, epilepsy, tetanus, or hysteria may simulate narcotic poisoning. Asiatic cholera closely acts like tartar emetic poisoning; cholera morbus like arsenical irritation. Neither are pathological lesions always definite and certain—no more positive than symptoms; in fact, both together cannot furnish proof positive of poisoning. Mere lesions, then, are not proof of poison, and, on the other hand, absence of lesions do not prove that death did not result from poison. Again, the precise value of chemical examinations and investigations may be overrated. Their great value is certain, but too much is often expected

of them. The causes of some of the failures of chemistry to detect the poison are—1. Some poisons are too subtle, as snakebite, rabies, aconite, etc. 2. The disappearance of the poison by vomiting and purging. 3. Disappearance of same by absorption. 4. Decomposition of same in the blood, especially of animal poisons; but it is not so apt to be the case with mineral poisons. A chemical analysis is not always necessary to convict, if the other sources of evidence are available. Failure to find poison may not always be in favor of the prisoner. Large quantities found *suggest* suicide.

Communications.

ON SYMPATHETIC OPHTHALMIA.

BY DR. M. LANDESBERG,
Of Philadelphia.

The deeper study of the sympathetic affections of the eye first aroused by Mackenzie's eminent work on Iritis Sympathetica, has since then never ceased to claim the full attention of our professional men. But although the clinical material for the judgment of this object is daily increasing, and full of manifold observations, the process of the disease is yet far from being known in all its characteristics, and many questions are waiting for solution, which, if rightly conceived and explained, are called to settle that contention of opinions which in this very chapter of eye diseases is so singularly prominent. Therefore every additional treatise that is able to increase and widen our knowledge of the character of sympathetic ophthalmia must be welcome indeed.

The question of sympathetic ophthalmia is one of the most difficult of our special science; for the forms in which the disease appears and takes its course are extremely manifold and different, eluding all attempts at narrow classification. The principles which in one case are right and fitting, are utterly at fault in others, and our experience gained from a long line of observations is shaken, even overturned, by appearances the observation of which had until then escaped our view.

The character of sympathetic ophthalmia is as follows, viz.: In consequence of a long-continued state of excitement in the interior of the eye, directly or indirectly attacking the ciliary body, the other eye, which until then had remained healthy, is drawn secondarily into the same process of inflammatory disease. The transmission of this so-called sympathetic excitement takes place by means of the ciliary nerves. All circumstances which cause irritation of the ciliary body and the ciliary nerves must be looked upon as predisposing causes of sympathetic ophthalmia. Every strain of the iris or of the ciliary body, every direct irritation of the ciliary nerves, may give rise to sympathetic ophthalmia, be it through compression after a perforating injury; be it through retraction caused by the formation of cicatricial tissue; or be it in consequence of a pathological process, such as calcification or ossification in the interior of the eye.

But, as the most frequent cause of sympathetic ophthalmia must be considered the remaining of foreign bodies, which have penetrated into the interior of the eye, wherever we meet cyclitical processes, where sympathetic ophthalmia threatens, the suspicion that a foreign body in the eye is the cause of this irritation must at once arise, and induce us to examine conscientiously this point. And here we must depend, in very many cases, upon objective examination alone, as the answers of the patient cannot be relied upon.

It is well known that foreign bodies may remain for years in the interior of the eye without causing the least irritation. The process is as follows, viz: A small foreign body has penetrated into the interior of the eye, destroying its vision through slow inflammation. Thereupon the inflammatory process, exhausting itself, stops, and the eye becomes quiescent. But this quiet is fallacious, for after an intermission of years, suddenly there appear new phenomena of inflammation and exudation, which are able to draw into sympathy the healthy eye.

If the injury has taken place in infancy, many patients have lost all recollection of it, and stubbornly refuse every hint at the possible presence of a foreign body in the blind eye.

Should the physician, relying upon the answers of his patient, be led to neglect, in his objective examination, that degree of exactness which the exploration of the eye demands, and which is the first requirement of a correct diagnosis, he will become the victim of vague surmises, and in case of failure be personally responsible.

Even if the patient should deny the possi-

bility of an injury received years ago through a foreign body, the cornea and the lens must be critically examined, according to the known rules of ocular science, when the presence of small scars will lead to safer conclusions than the answers of the patient.

Unfortunately, even the objective diagnosis sometimes forsakes us, and then we have noth ing left but to form a diagnosis of probability. A sure objective diagnosis is, therefore, in such cases, of the utmost importance, because thus only do we gain a safe foothold for the indication of a rational treatment; and in many cases save the patient from total blindness.

In all cases of sympathetic ophthalmia in which the presence of a foreign body in the eye can be established with certainty, or even with some probability, the enucleation of the eye is the only safe proceeding, to avoid the dangers which threaten the other eye. The removal of the cause is here also the first indication.

In those cases, however, in which the presence of a foreign body can with certainty be excluded, and where the irritation is confined to the blind eye, the enucleatio bulbi is not at once indicated. Here we frequently succeed in removing the inflammatory phenomena, and in arresting the progress of the disease through medication, or some operative treatment.

The gain in saving the patient from such a severe operation as the enucleatio bulbi is large enough to warn us from an over hasty or unexceptionable removal of the blind eye as a preventive measure.

Furthermore, there are cosmetic reasons to be considered. The patient is not indifferent to wearing an artificial eye, and frequently the blind eye is pathologically so little changed that its preservation in the orbit is not to be lightly valued, for the sake of appearance only. But here, also, no fixed rules can be given, and what in one case may be perfectly suitable, would, in another, lead to great damage. We depend here, more than anywhere else, upon the surrounding circumstances; and it is just here where the physician is forced to abandon all fixed rules, and to adapt his treatment to every individual case.

Wartmont, in the Ophthalmological Congress at London, in the year 1872, defended the principle—"In all cases in which the eye has been destroyed by injury, the bulb should be enucleated." I cannot accede to this principle unconditionally. It is, indeed, the safest and shortest way of proceeding. The patient is saved from a tedious process of cure, and protected against all those dangers which the presence of a destroyed eye may cause. But in very many cases in which the patient refuses the proposed enucleation, we are forced to look for other means, and to adopt a different method which also promises a favorable result. As an instance I would refer to the resection of the ciliary nerves, about the indications of which I must postpone further remarks until some other opportunity.

In such cases, however, where every other treatment is useless, where the irritations are repeated, where the free intermissions are growing shorter, the enucleation of the blind eye must be immediately performed, in order to remove the danger from the other eye, as well as to enable the patient to return to his occupation. Here, also, no unconditional indications can be given, and the physician is forced to shape his actions according to the necessities of the case.

We have stated above that the presence of a foreign body in the bulb demands the removal of the eye. How long a foreign body may remain in the eye without giving rise to sympathetic ophthalmia, is as yet an open question. Soelberg Wells observed a case where even twenty-six years elapsed after the penetration of the foreign body, before the sympathetic irritation of the other eye set in. In the case which I shall describe further on, a lapse of at least twenty years must be presumed. In like manner a foreign body may remain for several years in the eye without giving rise to inflammatory symptoms in the same, and where a certain degree of vision may be preserved. We have here to deal with the same processes which take place in other parts of the body. There, also, we have not unfrequent opportunity of seeing a foreign body remain for years without exciting irritation, although, excepting cases of encysted foreign bodies, we are completely at a loss how to explain the strange fact that an irritating cause should have existed so long without producing a state of irritation.

Finally, I would like to call the attention to another fact. The occurrence of sympathetic ophthalmia in the remaining healthy eye has been considered, and justly so, as one of the most prolific causes of considerable, if not complete, loss of sight. The enucleation of the primarily affected eye is here absolutely neces-

sary, when most energetic measures must be adopted against the secondary affection. Here, too, we meet with most singular phenomena We find cases of so-called intermittent sympathetic ophthalmia, in which the exacerbation is followed by a complete remission, and the eye loses every appearance of irritation, retaining its power of vision. This process of acute exacerbation and remission may repeat itself frequently, always with the same final result, while the primarily affected eye is continually suffering from the irritation caused by the presence of the foreign body.

The three following cases may serve to illustrate and explain the several views here stated.

1. L C. F., aged 25 years, worker in metals, called upon me on the 14th of May, 1874. His complaint was, that for a year his right eye (the only one remaining capable of work) was growing steadily weaker, so that it at present refused all service. It seems to him that a mist veils all the objects which he looks at. The common daylight causes discomfort. Upon the least exertion the eye becomes irritated and waters profusely. An insufferable pressure is felt in the forehead and in the temporal region, which incapacitates him for his work.

Status præsens.—Right eye. Cornea clear; anterior chamber normal; texture of the iris not affected pathologically. Pupil very contracted and extremely slow to react upon light. Even the slightest attempt at accommodation is followed by the appearance of a fine sub-conjunctival injection. Intraocular pressure not changed. Vision = $\frac{1}{70}$. Jaeger 10; with + 10 Jaeger 3. Of the different colored glasses held to the eye, blue alone seems to effect a slight improvement of vision. An exact measurement of the field of vision cannot be effected; but it seems to be somewhat impaired. Upon the application of atropia the pupil dilates but very slowly, and only to an average degree. Lens and vitreous humor are clear. The retina strongly hyperæmic. In its periphery the vessels are covered with a fine serous infiltration.

Left eye. Cornea clouded in the entire lower half, intersected with radial lines. Dimness of membrane descemetii. Anterior chamber shallow. Texture of iris disorganized. Iridectomy below and inward, above and outward. Iris tremulans. Vitreous humor clouded. Intraocular pressure somewhat lessened. Ciliary region more sensible to pressure than on the right side, but not inordinately painful. Vision: There is hardly any perception of light, but no localization of it whatever.

The eye has been operated upon at two different times. The patient cannot fix any time, nor give any reason for the blindness of the left eye. As far back as his recollection reaches, the left eye has always been blind. Inflammations have repeatedly appeared in the same, for which he had at various times employed medical attendance. He emphatically denied that the eye had ever been injured. This question had been put to him by several physicians; but he has always answered in the negative, as neither his parents nor his brothers had ever made mention of such a circumstance.

In spite of the patient's emphatic denial, this case conveyed to my mind the impression that a foreign body in the interior of the eye must be the cause of this long-continued state of irritation, and of the first signs of sympathetic ophthalmia now making its appearance. From this point of view, and in consideration of the critical state of affairs, I proposed to the patient enucleation, as the only means of safety. The patient consented, and the operation took place the same day.

On opening the bulb, I found on the anterior surface of the corpus ciliare an elongated splinter of rusty iron pointing downward and outward. The lens in its capsule floated in the dissolved vitreous humor, opaque, thickened, and of a brownish-black color.

The right eye now quickly recovered; on the 27th of May it had vision $\frac{15}{40}$, and could read without convex glass Jaeger 3; with + 10 Jaeger at 6″. Subsequently the vision rose to $\frac{18}{30}$, and Jaeger 1 could be read without a glass at 5″–15″. The result was a permanent one.

Here we have a case where a foreign body penetrating into the eye remains there at least for over twenty years, causing repeated attacks of inflammation without drawing the other eye into sympathy during this whole period. The patient positively affirmed that until within a year the right eye had always remained healthy. This is confirmed by the objective examination, and by the mode of treatment of the physicians previously in charge of the case. As the right eye remained intact, they were all the more justified in leaving out of consideration the presence of a foreign body, because the patient emphatically denied the possibility of its pres-

ence. Therefore they regarded the case as one of irido-cyclitis, with its subsequent phenomena, and they directed their therapeutics exclusively to this supposed trouble, and not without a temporary success.

After more than twenty years' presence of the foreign body in the blind eye, the irritation begins to be transmitted to the remaining healthy eye. The progress of the disease is extremely latent. A whole year passes, until the patient, who is obliged to use his eye continually, is forced to call in the aid of a physician. Even then the pathological changes which the eye has undergone must be called insignificant in comparison with the primary cause. So imperceptibly and insidiously may malignant sympathetic ophthalmia develop itself, that we are obliged to judge of the danger which threatens the patient more from his complaints than from our objective examinations.

Enucleation of the eye was performed, and the splendid success which resulted would add necessarily another proof, that even after the occurrence of sympathetic inflammation the enucleation of the primarily diseased eye should be resorted to without delay.

2. B. F., 35 years old, employed in a factory; presents himself to me on the 19th of February, 1869. A few hours before, during his work, a splinter of iron flew into his right eye.

Status præsens.—The bulb is somewhat soft; moderate subconjunctival injection. On the upper periphery of the cornea, a little on the inner side, is found a ragged wound, and obliquely across a narrow, slit-like opening through the iris. In the anterior chamber a small extravasation of blood, which has settled downward; pupil strongly contracted. Vision—fingers at 10′. Jaeger 20. Field of vision somewhat limited, downward and outward. Pupil moderately dilated upon atropia. Lens apparently unclouded. Slight dimness in the vitreous humor. The background of the eye a little veiled; on the upper part a slight exudation, in which appears a small point of metallic lustre. The suspicion that the foreign body had remained fast in the retina was thus confirmed.

I at once called the patient's attention to the seriousness of the injury, alluding to the possibility that the eye might have to be enucleated, as the only means of saving the other one. I refrained from an immediate operation because the patient would not fully believe that his case was so serious, and because some vision still remained. I confined myself preliminarily to the usual treatment of the patient.

The injured cornea healed rapidly and without irritation. The pupil remained in a state of medium dilatation. The wound of the iris was closed by exudation, which adhering to the anterior capsules of the lens, gave rise to a refraction of the iris. The dimness of vitreous humor did not increase. The part of the retina where the foreign body had been wedged in appeared cloudy, softened, bulging outward, and showing a deposit of pigment, and of scattered placques of the size of a pin's head. Vision and peripheral limitation of the field of vision remained the same.

On the 10th of March the patient was discharged from treatment, and returned to his occupation. I did not see him again for five months, when a small splinter of iron penetrated the right cornea, and he again sought my assistance. The left eye had remained quiet during the whole time. I found the refracting media clear; not the slightest sign of dimness in the vitreous humor; the intraocular pressure normal; retina in the superior-interior quadrant bulging out, and occupied by a thick layer of pigment, closely packed together, which completely covers the vessels of the retina. Every sign of the foreign body has disappeared. Vision—fingers at 8′. Jaeger 22. Field of vision limited below.

Until January, 1876, I had an opportunity to examine the patient from time to time, but I could never perceive a change from the state last mentioned. The right eye during the whole time retained its full power of vision. Whether this is a fortunate case, in which the foreign body has become encysted, or whether this quiet state is, after all, delusive, time must show.

3. C. D., aged 25, servant girl; consulted me August 22d, 1873, on account of disease of both eyes. About a year ago, while splitting wood, she was wounded in the left eye by a small chip flying off. Inflammation set in, in consequence of which blindness followed. Since that time inflammation had frequently occurred, and just as frequently had disappeared without treatment. Some weeks afterward the right eye, which until then had remained

in good health, began to suffer. It frequently grows red, with photophobia and much watering. The power of endurance of the eye has been much impaired, the vision but little. In the free intermissions which do occur, the most aggravating trouble is the appearance of scintillations before the eye.

Status praesens.—Left eye. Phthisis bulbi; strong peripheral injection. Cornea shows in the superior-interior quadrant a scar in which the prolapsed iris has grown fast. Cataracta traumatica. Anterior chamber very shallow. Posterior synechia; iris much disorganized and retracted; ciliary region extremely painful to the slighest touch; perception of light only downward.

Right eye. Around the limbus conjunctiva a light red seam of extremely fine vessels, closely packed together. Photophobia and watering moderate; pupil contracted; texture of iris diffused, of a greenish hue; ciliary region painful to the touch. Vision, $\frac{15}{40}$. Of colored glasses the blue only improves the sight, which then increases to $\frac{15}{30}$. With the naked eye Jaeger 5 is read, with +10 Jaeger 3 at 6′, even single words of Jaeger 7. The field of vision is not confined. After atropia the pupil dilates but very gradually, and only in a moderate degree. Refracting media clear; in the background of the eye we find only some hyperæmia of the retina.

We have here to deal with the preliminary state of sympathetic ophthalmia called forth by the transmission of the irritation from the other primarily diseased and blind eye. The safest and best way to put a stop to the latent inflammation and threatening blindness was the removal of the cause of danger. Enucleation of the primarily diseased eye could be performed the more readily, as it was phthisical, hardly showed partial perception of light, and as the presence of a foreign body in the interior could with great probability be assumed as the cause of the repeated inflammations. I therefore called the patient's attention to the threatening danger of total blindness, and advised enucleation as the only means of preventing the destruction of the other eye. I considered myself justified in saying that any further delay would irretrievably ruin the right eye. The patient would not consent to an enucleation, and maintained her will, until the spring of this year, when I saw her for the last time.

The eye remains as follows, viz: The cyclitical phenomena in the right eye come and go at irregular intervals. During the acute exacerbation vision diminishes to $\frac{15}{70}$, as I had frequent opportunity of proving. During the remissions the eye is without irritation, and vision rises to $\frac{15}{30}$. The patient is a cook, and is able to do her work.

The left eye never shows anything but slight peripheral injection, and painfulness to touch in the ciliary region.

Her menstrual period is regularly accompanied by increased irritation of the right eye, combined with photophobia and watering. The scintillations are at this time considerably more vivid. Vision changes between $\frac{15}{50}$–$\frac{15}{40}$; Jaeger 4 is read; convex glasses give no improvement. The field of vision is intact. In the background of the eye there is only some hyperæmia.

I had advised the patient to apply leeches to the right temporal region during the acute exacerbations, and to use atropia as long as the eye appears reddened on awakening in the morning. These directions are conscientiously obeyed. And this condition of affairs has been dragged already over a period of three years.

It is hardly to be supposed that the leeches and the atropia, which I had prescribed as an ultimate resource (merely for the sake of doing something), had the power to retard in any considerable degree the development of the pernicious process. I would rather believe that entirely different agents come into play, which have rendered the process of the disease intermittent, and have so far postponed its full development and a fatal issue.

For three years the stubbornness of a patient has gained the victory over the maxims of science. During three years the patient has been the object of our observation, which shows that the sympathetic ophthalmia, which has already attacked the healthy eye, does not necessarily lead to its rapid destruction, but that a state of alternate acute exacerbations and remissions may exist, in spite of the primary cause remaining in full force.

How long this state may continue it is impossible to tell. It is not improbable that the foreign body in the left eye may become encysted. The irritating cause will then cease to exist, and the right eye come out unharmed from this prolonged struggle. But we must never lose sight of the possible event of total blindness.

OBSTETRIC PRACTICE IN VIRGINIA.

BY FREDERICK HORNER, JR., M.D.,

Of Salem, Virginia.

This department of medical science often presents difficulties to the young practitioner who may prefer medical practice or surgery. If unmarried he may wait long to treat a case. Then he may lack a knowledge of mechanics so important to the successful accoucheur. If located in our Southern country he will find the midwife preferred rather than the physician. A careful study of the various diseases of women and children furnishes the basis of education to the youthful physician, and he will find that tact, learning, skill, and sound judgment are demanded in the treatment of the majority of labor cases. In the rural districts of the Southern States the practice of midwifery is delegated largely to negro midwives, usually ignorant and superstitious. Hence serious accidents and loss of life often occur, for which the profession is in no wise responsible. Public sentiment has been slow to perceive the consequences of such ill-advised practice; it may be, from motives of parsimony. Then, again, it is a fact that women naturally shrink from the approach of a male physician, unless in the more enlightened walks of society.

Case 1.—Dystocia, or difficult parturition. The lady was of English birth, youthful, well formed, with a large pelvis, and in good health; primipara. Labor came on a week or more sooner than was expected, with copious flow of fluids from the vagina. On examination rigidity of the os uteri and unusual narrowness of the arch of the pelvis existed. The presentation was occipito-frontal. The anterior fontanelle could be discerned. The birth went on well during the second stage of the labor, until the head engaged in the inferior strait, when digital examination disclosed the head locked under the pubic arch. It was decided not to attempt to turn and deliver by feet presentation. Tincture gelseminum and fluid extract ergot, each five drops, with five-grain doses of sulph. quinine, were administered, to assist the expulsive efforts of nature.

In the course of twenty-four hours the bearing down pains became excruciating, accompanied by feeble pulse, debility, and change of countenance. The above prescription had been repeated every hour. On the exhibition of Squibbs' sulphuric ether, considered to be safer than chloroform, the patient became wild with excitement. Notwithstanding the head had passed the os uteri, and was fairly engaged in the perineum, labor appeared to proceed no further; and on consultation with Drs. Frost and Speiden, operative procedure with the forceps was decided upon, to save the life of the patient, as well as the child. And here it may be remarked, for the benefit of the young practitioner, especially of the country, that it is always safer to have the counsel of a brother physician in cases where unforeseen accidents may occur, endangering life, and often demanding operative proceedings. After the administration of chloroform, inducing complete anæsthesia, a healthy, living child was delivered with the short French forceps. Fearing further difficulty from hour-glass contraction, the afterbirth and secundines were promptly removed. With the exception of moderate fever for several days, this patient recovered. As there was a tendency to inflamed mammæ, the symptoms were relieved by resorting to the common domestic application of a plaster of bees' wax, camphor and lard, melted down. Ignorant nurses will sometimes fail to apply the infant to the breast, but will use a sugar-rag to still its cries. A few drops of paregoric, or Dewees' carminative, is the more rational treatment. The patient should be kept quiet, and in the recumbent position, for at least a week or more, to allow the parts to heal, to avoid hemorrhage or retroversion. Notwithstanding the opinions of modern heroic obstetricians employed in hospital practice, custom and long established practice sustain the judiciousness of this advice. It may be added that this patient, during the second year after her confinement, suffered miscarriage, caused by a violent attack of lead poisoning, produced by the fumes of a house recently painted.

During the past ten years of obstetric practice in a healthy country district of Virginia, in which exists no epidemic causes of the terror of women and the physician, puerperal fever, originating often from the retention of small, adherent masses of the placenta, and clots of blood, the writer has had the opportunity of studying and treating cases of this description. There can be no doubt at the present time, as to the nature, cause, and rational treatment of this dreaded and fatal affection; the true pathology being so little understood twenty

years ago, when such men as Alonzo Clark, of London, were wont to advise, for its relief, opium, in repeated and enormous doses, and the application of the "Lost Art," startling to the modern and enlightened practitioner. Indeed, such practice is by no means uncommon at the present time, since, on the occasion of the late International Medical Congress, several speakers commended it.

Hence we accept the arguments, and the observations and experiments of such men as Mr. T. Spencer Wells, Lister, and Bedford Brown, of this country, that "in puerperal fever we have a contagious, continued fever, which is distinctly caused by a special morbid poison—true purulent infection, or pyæmia, putrid infection, or septicæmia, which may be produced by a difficult labor, followed by lesions seated in the womb, more frequently, however, from *retention of parts of the placenta and clots of blood;* the infective matter passing from the wound through the serous canals into the lymphatics, thoracic duct and subclavian vein, and finally infecting the blood."

With this statement of the pathology of puerperal fever accompanied by symptoms of metritis and peritoneal inflammation, in other words, true septicæmia, on what grounds can it be advised to use enormous doses of opium, or even the lancet, excepting to subdue acute inflammation? The attempt may be compared to an effort to relieve calculus in the bladder, as has been tried by narcotizing the patient, without operative proceedings, with opium, until death comes to the relief of the sufferer. The more rational method would be to employ antiseptic remedies, such as sulpho-carbolate of soda, and salicylic acid internally, and carbolic acid locally, to remove carefully particles within the womb that may be a source of contamination of the blood, and to allow free ventilation of the apartment of the lying-in woman.

Case 2.—Difficult labor, accompanied by full pulse, intense and protracted suffering, and signs of congestion of the brain, following the effort to wash and cook. Treatment, copious venesection, solution of morphine, and chloral hydrate, and fluid extract of ergot at intervals. Birth of still-born child covered with syphilitic eruption; hence the necessity of caution, to avoid inoculation.

Case 3.—Symptoms of dystocia; birth of a healthy infant. In the effort made by an ignorant nurse to remove the placenta, the funis was ruptured. A ligature was applied to arrest the bleeding, and delivery speedily effected by introduction of the hand into the womb. In all such cases there is great advantage, at the time that the vagina, os uteri, and adjacent parts are dilated, and previous to contraction, to complete the delivery of the after birth.

Case 4.—The patient received a fall when attempting to ascend a hill with a pail of water on her head. After great difficulty, delivery of a dead fœtus, bruised in nearly every part of the body, was accomplished. The patient was in feeble health at the time of the accident, during the seventh month of utero-gestation. As all efforts to remove an adherent placenta failed, it was decided to wait. On the third day the placenta came away without accident.

Case 5 occurred in the practice of a brother physician. There was adherent placenta, followed by symptoms of peritoneal inflammation and puerperal fever, with hemorrhage and the formation of a clot. Great prostration preceded by fearful forebodings during the stage of pregnancy. Efforts to induce reaction by stimulants, friction, ice to the pudenda, and applied to the surface of the womb, were ineffectual. After the birth of a living child, forcible extraction of the placenta was resorted to with success. On the fifth day the abdomen was greatly swollen, the hemorrhage returned with symptoms of metritis and total inability to swallow anything, and the constant complaint of a tired feeling. Death followed within twelve hours. Professor Penrose, of the University of Pennsylvania, recommends, as a styptic in cases of hemorrhage, especially of placenta prævia, the use of a lemon introduced and squeezed within the bleeding womb.

Case 6.—This patient was confined at full term, inherited a hemorrhagic diathesis, and had adherent placenta. Antiphlogistic and sedative treatment was instituted, but in vain. Symptoms of puerperal fever and septicæmia set in, and on the sixth day caused death.

Case 7.—This case was also accompanied by adherent placenta and septic poisoning. After the placenta had been peeled off and removed, on the third day the patient became seriously ill; had fever, corded pulse, pallor, tympanitis, swelling and extreme tenderness and pain of the abdomen. It was suspected that these symptoms were caused by the presence in the womb of a portion of the placenta. Examination

proved this suspicion to be correct. When the mass had been carefully removed and the patient was put upon the use of sulpho-carbolate of soda and salicylic acid, each twenty grains, and repeated, with an injection of carbolic acid, the unfavorable symptoms speedily yielded and the patient recovered.

In conclusion it may be added that accidents and the dangers attending childbirth may be often averted by strict attention on the part of the practitioner to the condition of the patient during the period of pregnancy. And in this connection the writer will not hesitate to assert his belief that the late talented and learned Dr. Napheys, by the publication of his treatise, "The Physical Life of Woman," conferred a boon on woman for which even the profession may be grateful.

Editorial Department.

Periscope.

ABSTRACTS OF PAPERS READ BEFORE THE BRITISH MEDICAL ASSOCIATION.

As has been our custom heretofore, we give a series of selected abstracts of papers read before the last meeting of the British Medical Association, taken from the Journal of the Association.

Nervous Affections Dependent on Gout.

BY J. RUSSELL REYNOLDS, M.D., F.R.S.

In this paper Dr. Reynolds gave the following reasons for believing that many so-called "nervous affections" are due to a gouty habit: 1, the actual presence of gout in the joints of the individual at the time or at previous times; 2, the evidence of gout in ancestors or collateral relations; 3, the frequent occurrence of acid eructations, with chronic dyspepsia; 4, the emission of pale, limpid, acid urine, of low specific gravity, and with traces of albumen or sugar, or both; 5, the variability of symptoms, both as to kind and place; 6, the presence of some alteration in skin nutrition, such as eczema, psoriasis, etc.; 7, the impossibility of referring the symptoms to any known disease of the brain or spinal cord; 8, the immediate relief of the symptoms after treatment by colchicum and saline aperients. He classified the symptoms of which he spoke under the following groups: 1. Mental disturbances; 2. Pain in the head; 3. Modified sensations (vertigo, noises in the ears, deafness, numbness, etc., in the limbs, sciatica, various muscular pains, etc.); 4. Modifications of muscular action (palpitation and various affections of the muscles of the limbs). As guides in diagnosis, he referred briefly to disorders of the stomach, varicosity of veins, brittleness of the nails, and slight conjunctivitis.

On the Mortality of Pleurisy Considered in Relation to the Operation of Paracentesis Thoracis.

BY WILSON FOX, M.D., F.R.S., LONDON.

The object of this paper was to show that paracentesis thoracis, even when practiced with small trocars, and aspiration, or other means adapted to prevent the entry of air into the pleura, is not always so safe and innocuous an operation as is now frequently taught. The author held that the operation is not to be withheld when urgent reasons exist for its performance, such being grave dyspnœa, threatened failure of cardiac action, hectic, or signs of purulent infection. It is not, however, to be accepted as the best or the safest mode of getting rid of the fluid, or as an operation to be resorted to whenever fluid, whether in large or in small quantity, is found in the thorax; for undoubtedly the safest and best mode of the removal of serous effusion is by spontaneous absorption, and even in purulent effusions a spontaneous external perforation is a much less dangerous and fatal event than an artificial opening. The papers contrasted the mortality of hospital statistics in pleurisy with that of operation by paracentesis, and showed that the latter is vastly in excess of the former, even when allowance is made for the probably more severe nature of the cases selected for operation. The author specially pointed to the contrast in this respect offered by serous effusions, the mean mortality of which in recent operations by paracentesis is 16 per cent., but which without operation do not prove fatal (except in the rarest instances) in uncomplicated cases. One chief cause of this mortality after paracentesis of serous effusions is the occurrence of purulent transformation subsequent to the operation, of the reality and fatality of which proof is given by tables. The author believed this transformation to be in most cases directly due to the operation, and he therefore held that this should not be performed in cases of serous effusion without grave reasons of urgent necessity. The paper concluded with some remarks on the high mortality of operations in cases of purulent effusion, amounting even within recent periods to a mean of 45 per cent., and in some series of recent observations to 50 per cent., of the cases operated upon, which, therefore, regarding the necessity of the operation in the latter class of cases as a question in some respects *sub judice*, the author considered that

improvements in the method of treatment are still urgently required.

The Treatment of Pleuritic Effusions.

BY T. CLIFFORD ALLBUTT, M.D., LEEDS.

The author divided his subject into the following heads: 1. Dry pleurisies; 2. Inflammatory pleurisies with highly fibrinous exudations; 3. Quiet pleurisies with large serous effusion; 4. Empyema; 5. Pleural dropsy. 1. With dry pleurisies, of course, he had not to deal. 2. Acute fibrinous pleurisy is usually attended with moderate effusion, which ebbs when the flow is complete. He gave a full account of his treatment of these cases and of the hastening of the ebb of sluggish effusion. In some cases the effusion becomes so excessive as to demand operative interference, but, fortunately, they do not, as a rule, tend easily to run to pus. The difficulty with them is the presence of fibrin which blocks the trocar. The aspirator is useful in these cases, and repeated punctures are better than fumbling at one opening. There is no need to empty the cavity, as absorption is generally set quickly going, and, except in cases of a low type, reaccumulation is not to be expected. 3. Quiet pleurisies with copious effusion generally need operation. If the chest be full, it should not be delayed an hour, as sudden death may occur at any moment, or, if on the right side, anasarca of the legs, etc. If not quite filling the cavity, the presence of a large quantity of fluid soddens and spoils the lung, and tends to pus. In these cases the aspirator is undesirable; it is better that the lung should expand quietly. The cavity need not be wholly emptied, as absorption often completes the cure. As there is in these cases a strong tendency to the formation of pus, the operation should be carried out on the antiseptic plan. Reaccumulation does not occur as a rule. 4. Empyema should be removed at once by free incision in a dependent part, on the antiseptic plan, and antiseptic dressing kept up. Repeated aspiration is objectionable; it rather favors absorption, and does not prevent the formation of a pulmonary fistula. Moreover, it is impossible to say when a patient is cured, as remains of pus may break out months or years afterward, and may decompose *in situ*, or may set up tuberculosis. After operation, any increase of temperature is a mark of imperfect drainage or bad nursing. No method can make a vast internal abscess of the chest anything but a terrible malady. If a pulmonary or other fistula have formed, the counter-opening must, nevertheless, be made in the same way, and the chest drained. 5. Pleural dropsies, though dependent on disease elsewhere, may always be tapped readily if the symptoms be urgent. The tapping is as simple as the tapping of ascites, but must be more gradual, as pressure cannot be used. There is no probability of pus transformation; but, if convenient, the tapping may be done under an antiseptic atmosphere.

On the Importance of Preserving a Vacuum in the Pleural Cavity after Paracentesis of the Thorax.

BY ROBERT J. LEE, M.D., LONDON.

The effect of admitting air into the pleural cavity is to diminish or entirely annul the atmospheric pressure on which expansion of the lung depends in respiration. So long as a permanent opening exists, as in the treatment of hydrothorax or empyema with a drainage tube, atmospheric pressure is induced in inverse ratio to the quantity of air which passes into the pleural cavity. The method of treatment proposed in this communication combined the advantages obtained from the use of the drainage tube with those which belong to the aspirator. The instrument consisted of an ivory cup attached closely to the thorax over the opening of the drainage tube, to which cup an apparatus for exhausting the air in the pleural cavity was adapted, by which means atmospheric pressure might be constantly and gently exerted on the lung. The term "continuous aspiration" was proposed for this method of treatment. The general accuracy of the theory on which it depends had been satisfactorily tested with an elastic cup similar to the india-rubber cupping-glass, which adheres by its expansile power. Various modifications had been made in this, the first instrument used; and now a separate exhauster had been adopted, by which the atmospheric pressure might be regulated and sustained. The author was indebted to Mr. W. D. Napier for the suggestion that the respiratory movements of the thorax and abdomen might be used as the exhausting power; a special apparatus was in process of manufacture, under the direction of Mr. Napier and the author, by Messrs. Maw, Son & Thompson.

Abstract of Cases of Pleurisy Treated by Paracentesis.

BY D. J. LEECH, M.B., MANCHESTER.

The paper contained a notice of nineteen cases in which paracentesis had been performed, with a short account of fourteen in which the subsequent history was known. In the other five cases the patients were lost sight of, after being tapped once. It also included a history of five cases of pleuritic effusion in which the operation had been considered desirable, but in which, from one cause or other, it had not been performed. Of the nineteen cases treated by paracentesis, all but one bore the operation well. The exceptional case suffered from intense dyspnœa whilst the fluid was being drawn off, from which, however, he recovered. Of the fourteen whose ultimate history was known, five were dead. The number of deaths which had occurred in those on whom paracentesis had been performed tended to show that the operation was not so uniformly successful as some had assumed. Of the five deaths, two were due to phthisis, which, in one of the cases at least, had nothing to do with the operation

for removing the fluid. A third died, more, perhaps, from a second tapping being delayed than from a second one being performed. In only one case did paracentesis seem to do harm. In this case air entered into the pleural cavity at the moment of the withdrawal of the trocar, before the tap of the canula could be turned. The patient took a deep inspiration just at the time of the removal of the trocar. In a case of empyema after scarlet fever, the patient was operated on three times; on the last occasion with a large trocar, the air being allowed to enter freely, but no drainage tube being kept in. The entrance of the air on this occasion seemed to have a deleterious effect. The sudden death of two cases in which the accumulation of fluid in one pleural cavity was a chief if not a sole cause of the disaster, showed, however, the danger of waiting too long before performing paracentesis. The impressions left by the experience of cases to which attention was called were these: 1. It is not advisable to interfere early, unless there be great dyspnœa and a very large accumulation of fluid; for—*a*. The operation of tapping tends toward the conversion of serous into purulent effusions; *b*. If the chest be not full of fluid, the danger of air entering the pleural cavity is great; *c*. Large accumulations of fluid which form rapidly are often rapidly and completely absorbed. 2. Pleuritic effusions that have lasted more than a few weeks without change in quantity rarely undergo absorption, require operation, and in nearly all cases do well.

On Some Points in the Clinical History of Chorea.

BY W. R. GOWERS, M. D., LONDON.

The object of the paper was to illustrate by cases some points in the common or occasional clinical history of chorea which have hitherto received little attention. 1. An increase in the irritability of nerve and muscle to electrical stimulation, to both faradic and voltaic stimulation. The change can be observed best in cases of hemi-chorea. Five cases were narrated in which it was observed, and in some of these it was proved to disappear on the subsidence of the chorea. The same fact has been noted by Benedikt and Rosenthal, who have also observed a change in the nerve reaction to voltaism, which Dr. Gowers partially confirms. The significance of the increased irritability is probably an altered state of nutrition of the fibres of the nerves, and of the motor nerve cells of the spinal cord, under an irritation transmitted downward from the diseased cerebral region, and is another illustration of altered nutrition in functional disturbance. 2. The relation of the muscular disturbance of chorea to voluntary movement. The incoördination of voluntary movement varies independently of the spontaneous spasmodic movements. Instances were mentioned in which the spontaneous movements were slight, and the incoördination great, in which there was much spontaneous movement, and little or no incoördination, and in which the relative proportion of the two varied at different periods of the same attack. Reasons were given for regarding the incoördination as something distinct from mere inability of the will to still the spontaneous spasm. As far as the observations went, they suggested the conclusion that the spontaneous spasm was in excess late in a case and during relapses. The independent variation of the two elements suggests that they depend on a morbid condition of distinct and perhaps separate regions. 3. The relation of chorea to other convulsive affections. If chorea depends on an unstable condition of gray matter, it is not surprising to find it occasionally associated with other diseases which we ascribe to a similar instability, such as hystero-epileptic and epileptoid convulsions of various kinds, and even true epilepsy. In illustration of this, a series of cases were narrated, exhibiting—1. Chorea, with remarkable chorea-epileptic seizures during the height of the affection; 2. General chorea, succeeding unilateral convulsions of six months' duration; 3. Chorea, succeeded immediately by persistent unilateral convulsions and hystero-epileptic fits; 4. Chorea, more severe on one side, succeeded immediately by convulsions on that side; 5. Chorea, followed after an interval of some years by epileptoid seizures; 6. Chorea, succeeded after many years by true epilepsy.

Rapid Death in Diabetes Mellitus.

BY BALTHAZAR FOSTER, M. D., BIRMINGHAM.

Dr. Foster described cases of diabetes in which death came on quickly without any apparent cause; the premonitory symptoms being pain in the hypochondriac regions, lessened secretion of urine, great restlessness, and dyspnœa of a peculiar kind. The inspiration deep and ample, filling all the chest; the respiratory murmur exaggerated; the pulse small and rapid; and the surface cold. Toward the end of the case signs of collapse occurred, and finally coma. Dr. Foster discussed the mode of origin of these symptoms, and drew attention to a peculiar condition of the blood which he had observed; a remarkable creamy appearance, reddening on exposure to air, and showing, under the microscope, a large amount of molecular matter, from breaking down of blood corpuscles. These appearances, Dr. Foster had found, could be produced by adding acetone to healthy blood. Other substances failed to produce them. The development of acetone in the blood of diabetics was known to occur, and Dr. Foster considered that the group of symptoms which he described might be referred to poisoning by acetone, and might be called acetonæmia, a term already employed by Cantani, in Italy, and by some German physicians.

Observations on Renal Affections in Children.

BY W. H. DAY, M.D., LONDON.

Dr. Day said that, if less frequent than some of the other ailments to which early life is liable, renal affections in children are of more than ordinary gravity and interest. It is not yet

settled whether albumen is excreted by the epithelial lining of the tubules, or thrown out with the liquor sanguinis in the glomeruli of the kidney, and reabsorbed along with the great bulk of the water as the urine passes down the tubules. He divided albuminuria into temporary and permanent. Persistent and permanent albuminuria indicates disease of the kidney; temporary and passing albuminuria does not necessarily involve structural change. An illustrative case was then related. He thought that albuminuria in many cases was owing to some loss of functional power to reabsorb albumen on the part of the epithelial lining of the tubules—in some cases due to congestion, and possibly in other cases to excess of albumen in the blood. He then related a case of persistent albuminuria, extending over two years to his knowledge, without any deterioration of the general health. The significance of albuminuria in children is not yet perfectly appreciated. It would be often found, if looked for, in cases where its presence is not suspected.

Asthma Nervosum Cured with Arsenic Inhalations and Galvanization.

BY ADOLPHE WAHLTUCH, M.D., MANCHESTER.

Seven cases came under the author's observation within the last six years; four patients suffered from nervous asthma only, three also from frequent attacks of bronchitis catarrhalis; in one case, the father and sister were likewise subject to asthma. The treatment consisted in—*a*. Inhalations: twice a day the use of the spray of a solution of arsenical salts, such as the arseniate of potash, of soda, of ammonia, in gradually increasing doses (one-sixth to one-half of a grain). *b*. Galvanization: the daily application of a continuous current, for five minutes long to gradually increasing the current from one to thirty small Smee's cells, to each of the nervi vagi separately. 1. A gentleman, aged twenty-three, suffered nine years from asthma nervosum; under treatment six months, freedom from attacks five years and a half. 2. A gentleman, aged twenty-five, three years ill; treatment one month, no attack during five years. 3. A gentleman, aged thirty-eight, one month ill; treatment one month, no attack since, two years. 4. A lady, aged twenty-three; father and sister suffering from asthmatic attacks; twelve years ill; five months under treatment, had no attack since, a year. 5. A lady, aged forty two, eight years ill; six months under treatment, no attack since, eight months. 6. A lady, aged thirty-three, a year ill; a fortnight under treatment, greatly benefited. 7. A lady, aged thirty-seven, fourteen years ill; one month under treatment, benefited. The last three patients were also subject to catarrhal bronchitis.

Syphilitic Aphasia.

BY C. R. DRYSDALE, M D., LONDON.

Dr. Drysdale in this communication narrated the histories of four cases of syphilitic disease accompanied by aphasia. The first case related to a gentleman of eminence, who in 1851 contracted syphilis, and had consulted him for several years for vertigo and other symptoms, which he (Dr. Drysdale) had put down to this disease. In 1871, this gentleman was seized with complete aphasia and right hemiplegia, both of which remained incurable and still persisted. In another case, the disease came on in the first year of the patient's disease, and during the period when a universal eruption of syphilitic roseola was present. In this case there was almost complete aphasia, with right hemiplegia. Both symptoms persisted, although both became a little ameliorated by time. The seizure took place in 1869, and the patient, a man, remained helpless up to 1875, when last seen. The third case related to a gentleman who contracted syphilis in 1870, and died of it in 1876. In this case the vertigo mentioned in the first case was very well marked and distressing. It persisted for years, the patient becoming of violent temper, and culminated in 1876, in aphasia and paresis of the left extremities, with epileptiform attacks, in one of which he eventually died. The fourth case referred to a man who had contracted syphilis five years before, and contaminated his wife, who had several dead children. Here there supervened a fit of aphasia, which remained permanent, but which was not accompanied by hemiplegia or paraplegia. Dr. Drysdale had seen other cases in the practice of his medical brethren in London and Paris, and thought that the diagnosis of syphilitic aphasia, although often obscure, might, with care, usually be made out. The age at which such disease takes place is, on an average, some thirty-four years. Far more men than women suffer from it, perhaps thrice as many. The prognosis is very bad; about one-half of the cases die in a few years. In the case of non-syphilitic aphasia, which is almost always due to an organic cause, such as softening of the frontal convolutions of the left anterior lobe, caused by embolia of the Sylvian arteries, there is almost always some point which distinguishes this form from that due to syphilis. Probably syphilitic aphasia more frequently than ordinary aphasia coincides with left hemiplegia; but, at any rate, there is a great variety in the nervous symptoms observed in syphilitic aphasia, as compared with ordinary aphasia. Syphilis may attack several parts of the connective tissue in the cranium at once; and, even when confined to one spot, its influence radiates round about it, so as to cause the production sometimes of aphasia with palsy of the upper extremities and anæsthesia of the lower, or accompanied by paraplegia, or by double hemiplegia and ptosis. Occasionally, as in one of the cases above cited, it is merely the power of speech which is affected; and of course the intellect suffers, and notably the memory. Large doses of iodide of potassium, fifteen grains every two hours, or even more, are indicated at the commencement of attacks of syphilitic aphasia. Mercury also may be given.

On Current Measurement in Electro-Therapeutics.

BY J. DIXON MANN, L.K.Q.C.P.I., MANCHESTER.

The writer, after alluding to the difficulties in the way of estimating the dose of electricity administered to a patient, the result partly of variations in the battery and partly of variations in the cutaneous resistance of the patient, described a galvanometer which he had devised for medical use. This instrument gives indications of absolute current value, constant for all instruments constructed after this method, enabling any one accurately to record or reproduce a given dose of electricity. As showing the necessity of current measurement, Dr. Mann instanced the results obtained by Charcot, Luys and Dumontpallier in investigating the *modus operandi* of Burq's method of treatment; these investigations showed that the beneficial results of M. Burq's system were due to electrical action, and that the success of the treatment depended entirely on the dose administered, a current of from ten to fifteen degrees producing effects on the patient which ceased when the galvanometer was deflected to forty-five or sixty degrees. Dr. Mann then proceeded to give the result of a series of original investigations made by him for the purpose of determining the amount of fibrin precipitated from the blood by a measured current in a measured time, with a view of ascertaining the current strength most suitable for the electrolytic treatment of aneurism.

On the Treatment of Hip-Joint Disease by Extension, with Motion, as practiced by the American Surgeons.

BY WILLIAM ADAMS, F.R.C.S., LONDON.

The object of the author in the present paper was to direct attention to the recent advances which had been made in the treatment of hip-joint disease by the American surgeons, to whom we are indebted for the discovery of two very important principles, and also for their practical application by means of most ingeniously contrived instruments. The first principle is that of extension as a means of relieving the most acute pain in joint-diseases, especially applicable to the knee and hip-joint disease. The second principle is that of extension combined with motion, applied during the treatment of hip joint disease, so as to promote recovery with free motion in the joint, instead of the ordinary result of an anchylosis obtained by long continued rest and immobility. The principle of extension for the relief of pain is applied by means of the weight-and-pulley apparatus whilst the patient is in bed. The principle of extension with motion is applied during the subacute and chronic stages of hip-joint disease, by means of instruments which enable the patient to walk and take outdoor exercise without crutches, and without bearing any weight on the affected limb. The instruments now generally in use in America for the application of extension with motion, whilst the patient is allowed to walk, are those invented by Dr. Taylor and Dr. Sayre of New York, and also one by Dr. J. C. Hutchinson, of Brooklyn, all of which are improvements on the instruments first invented for this purpose, in the year 1855, by Dr. Henry Davis, of New York, who, in his work on *Conservative Surgery*, p. 212, also claims to have discovered the principle of weight-extension for the relief of pain. The author's experience in the use of these instruments was very limited; but during his recent visit to America he had seen them applied with advantage in a large number of cases, and he expressed a hope that English surgeons would submit them to the test of practical experience.

Dr. Sayre (New York) exhibited his splint for hip-joint disease, and gave a description of the most recent improvements in it. These consist in the addition of screws whereby the limb can be abducted and rotated; while flexion and extension, or forward and backward movement, can be effected, if desirable, by a movement of the upright of the splint at the abdominal belt. Further, flexion at the knee can be performed by means of a hinge and screw in the upright on a level with that joint.

The President spoke in favor of the splint, though in practice he had found that the relatives or friends who have the care of the patients never keep the perineal strap properly adjusted.

(To be Continued.)

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——*Vick's Floral Guide*, No. 4, for 1877. At the beginning of 1878 the author promises to issue an illustrated monthly.

——"Morphia in Childbirth," by W. S Lusk, M.D., Professor of Obstetrics, Bellevue Hospital Medical College. Reprint from the *American Journal of Obstetrics and Diseases of Women and Children*. The conclusion arrived at, from a limited number of observations, is that there is no reason to apprehend any direct effect to the child from morphia hypodermically administered to the mother during labor. The propriety of its use is to be determined by pure obstetric considerations. In fact, the author thinks it may conduce indirectly to the welfare of the child, when given to meet some urgent need in the mother.

——"Aiken as a Health Station," by W. H. Geddings, M.D., of Aiken, S. C. Reprint from the *Charleston Medical and Surgical Journal*.

THE

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THE PROBLEM OF OVER-POPULATION.

The study of vital statistics has hardly any more important application than that to the problem of population. Political and social economy anxiously scans that problem in order to draw from it laws for the regulation of the State and the family.

It is well known that the Rev. Mr. MALTHUS propounded the law that unless limited by certain checks, such as pestilence, war and famine, or by the preventive means of celibacy, late marriages, unproductive unions, etc., the human race would increase in a geometrical ratio; while, on the other hand, the food resources of a nation (exclusive of importation) cannot be made to increase in more than an arithmetical ratio.

As a purely theoretical formula this has never been impugned. But, in point of fact, the checks spoken of are constantly in action. While we are now writing, the daily papers are filled with the accounts of a war which is slaughtering men by the thousands and tens of thousands (including camp diseases) every day; a famine is prevailing in India whose victims will certainly reach up into the millions, and another in China, apparently even more destructive. Then, again, there are the oft-quoted facts that in certain countries and in certain classes of society few children are born to a marriage, while in other countries and in other classes many are born, but nearly all die in infancy. In Iceland, in the Scotch Isles, in the Isles of France, though the wives are fecund, the infants perish so fast that the population of the country retrogrades rather than increases.

Then, again, much depends on the amount of food at hand or in expectation. The easier it is to get, the more of it there is, the readier are persons to reproduce.

Taking these and other points into consideration, a recent writer in the *Annales de Demographie Internationale* states the actual law as follows:—

"In a healthy country, in the same race and in the same condition of mental culture, the population will proportion itself to the amount of productive labor which is readily accessible, suited to the said race and to its degree of culture."

The mental cultivation of the class, or people, has very much to do with the question; in fact, almost everything to do with it. As the mind rises in power, and, no longer subject to the impulses of sensual passion, governs and guides the life by the light of reason, and with the aid of prudence and foresight, the danger of exceeding the supplies of food is understood and prevented, either by a sedulous study of the means of increasing the supply, or else by an exercise of self-control which limits the number of the family. Acting throughout large classes, or whole nations, these influences materially alter their statistics, as we recently showed.

We believe, therefore, that if mental culture,

in its best sense, is constantly regarded, as it should be, as the chief end of man, there is no danger of over-population. This conclusion has been strongly stated lately by Dr. Benjamin W. Richardson, of London, in an address before the Sanitary Institute of Great Britain. He used the following words, deprecating the fear of over population: "It is felt by some," he observed, "that the medical sanitarian of the future will have his best efforts thwarted by the forcible excess of life beyond the means that can be found for the support of life, as if life were a mere secondary principle in the universal order. I see no such cause for fear. That in the progress of life on the earth the day will ever come when the earth will not supply food for its people, is, to my mind, pessimism carried to an insane vulgarity. It is clear that man can always reduce to his wants the lives of all animals except man The question rests, therefore, on the abnormal increase of man alone. Nature knows that, and rules accordingly. . . . . I think it my duty to deal plainly with a question which affects so closely the future of sanitation, and to express, from an experience which is confirmed, as I know, by some of the highest ornaments of my learned profession, that nothing is wanted to correct the danger of over-population but *improvement of mental process;* nearer communion with the Eternal Mind in His works; purer artistic education, healthier homes, more rational amusements, and the ennobling influence of a holier life among those who assume to be the cynosures of the nation."

Although there is not that distinctness of utterance here which the speaker promises, we believe that in effect the danger of over-population will be diminished the less the proletary and ignorant class in a community.

How much can be done to increase the amount of food in a country by judicious study of propagation, has been strikingly shown of late years by the remarkable yields of corn and potatoes obtained by the careful selection of seed, and its scientific cultivation.

Notes and Comments.

Electricity of the Heart.

Muscular contraction, it is known, is always accompanied with electric phenomena; the difference of electric potential between two points of a muscle undergoes a diminution, which, according to Bernstein, precedes, by about one one-hundredth of a second, the contraction of the muscle. This electric variation has been observed on various muscles, and in particular on the heart (by Du Bois Reymond and Kühne), and recently M. Marey has represented it graphically by photographing the indications of a Lippmann capillary electrometer. The *Journal de Physique* states that M. De la Roche has tried the experiment on the heart of a living man. Two points of the epidermis of the chest were connected with the poles of a capillary electrometer, by means of electrodes, formed each of a bar of amalgamated zinc, with a plug of muslin at its lower end, saturated with sulphate of zinc. Held with insulating handles, the bars were applied, one with its plug opposite the point of the heart, under the left nipple, and the other to another point of the chest. The mercurial column was then seen to execute a series of very distinct periodical pulsations synchronous with the pulse; each pulsation even marked the double movement of the heart (of the auricles and ventricles).

Carbolic Acid in Glycosuria.

Dr. Garnier records a case of glycosuria which was treated very successfully by carbolic acid. Equal parts of carbolic acid and alcohol were mixed, and of this solution two minims were given for a dose. At no time during the treatment did the dose of the acid exceed six minims per diem. He also records a case of puerperal eclampsia occurring before parturition, due to uræmic poisoning, which he treated successfully with carbolic acid.

Dr. H. Fischer, of Breslau, administers carbolic acid to diabetic subjects before surgical operations. The carbolic acid treatment in diabetes was first recommended by Ebstein and Müller. Fischer reports that if carbolic acid be given in small and frequently-repeated doses it will in a short time cause a considerable reduction in the amount of sugar in the urine, and permit the surgeon to operate with the

ordinary chances of success. The use of the carbolic acid should be kept up during the after-treatment, and not be discontinued until the wound be quite closed.

The Prevention of Venereal Disease.

According to the latest reports, the beneficent character of the English Acts for the prevention of gonorrhœa and syphilis continue to yield admirable results. The remarkable thing about the figures of this report is the diminution in the number of prostitutes and brothels which is taking place wherever the Acts are in force. Surely it is something gained for the cause, not only of morality, but also of humanity, in the fact that during the year seventy-four girls between the ages of twelve and eighteen, and seventy-four between the ages of eighteen and thirty, and five above that age, who had been found in bad company and improper places, were rescued; and that one hundred and forty-six (thirty-seven of them between twelve and eighteen) who had commenced an immoral life, abandoned it on being cautioned by the police, and were not placed upon the register.

Pedestrian Training.

Last month a pedestrian named Smyth, and appearing under the name of "The American Postman," achieved the task of walking three hundred miles in six days, at Dublin. His regimen during the walk was as follows: He takes a small chop and some cocoa for breakfast. In two hours afterward a raw egg beaten up. His dinner consists of a sago pudding and a small quantity of very raw beef, without drink, and his supper of as much cocoa and bread and butter as he wishes. Each day he is allowed a quart of milk and occasional sips of ginger ale. He takes no alcoholic beverage whatever.

Mortality of Infants in Berlin.

According to the Report of the Board of Health of the city of Berlin, infantile mortality has reached an alarming height in that city. During the last week in June 722 children under one year of age died, chiefly of diarrhœal diseases. The mortality under 5 years, 852. It is stated that a committee has been appointed to inquire into the causes of this excessive mortality, and to examine particularly the nature and quality of the food supplied to infants.

The Anthropoid Apes.

Professor Garrod, of London, stated, in a recent lecture, that he had dissected seventy apes out of the anthropoidal class, and one of them exhibited the vermiform appendage of the cæcum, or blind gut, which is characteristic of man. But the anthropoids have it quite humanly developed. The hands and feet of an orang recently dead were exhibited along with those of a man, and presented the same structure. Professor Garrod showed that the structural resemblances between the anthropoid apes and man are so close that the reason for the mental and moral differences remains still an unsolved problem. Perhaps the most striking and important portion of his discussion was that in which he proved that the vocal organs of man are present also in the anthropoid ape. The ape does not converse, and yet the difference between his vocal apparatus and that of man is so infinitessimal as to defy observation. It is to this point that physiological investigation must now be particularly directed.

The Surgical Use of the Omentum.

Dr. Kenneth McLeod, in a late paper from his experience in India, gave an account of a large number of cases of penetrating wounds of the abdomen where the omentum protruded. Consideration of such instances led to the belief that this was a special provision by which the intestines or other abdominal viscera were prevented from protruding from such penetrating wounds. After a detailed analysis of the cases, Dr. McLeod considers the anatomy of the omentum, the natural history of such cases, and the treatment. The omentum might be washed and reduced under antiseptic precautions, or it might be left unreduced. Ablation of the recently protruded mass was both unnecessary and dangerous; but, if irreducible, some advised a previous enlargement of the wound, and then reduction.

An Example of Maternal Impression.

The following curious instance is given by a correspondent of the *British Medical Journal*:

I was called to see a child aged fifteen months, suffering from small-pox. When examining it, I observed a mark on the outer side of the left leg, about five inches in extent, of a brownish color, unaffected by pressure, and which bore a most striking resemblance to the profile of a bull, the eye, ear and mouth being remarkably

distinct. On questioning the mother, she informed me that, when about seven months pregnant, she was knocked down in the street by a bull, and in the fall she hurt her right leg against a box. She fainted, and was carried home in that condition. On recovery, and for some days subsequently, her leg, at the seat of injury, was very painful. When the child was born she noticed the mark. This woman was of an extremely nervous disposition.

Carbonic Acid in the Atmosphere.

The following table gives the amount of carbonic acid in various localities, in 10,000 parts of atmospheric air:—

Over Lake Geneva (De Saussure),	mean,	4.39.
City of Manchester (Augus. Smith),	do	7 6
City of Munich (Vogel)	do	3 to 4
City of London (Roscoe),	do	3.7
Over Atlantic Ocean (Leny),	do	4.7
Madrid Hospital Ward,	do	4.3
German Beer Saloon,	do	4.9
Munich School Room,	do	72.

Dialyzed Iron.

A New York exchange states that dialyzed iron is becoming very popular in that city. It is asserted that several preparations have appeared which are not dialyzed, and consequently give the unpleasant taste and effect of the ordinary preparations of iron. The dialyzed iron should be tasteless.

Deaths from Anæsthetics.

Deaths from anæsthetics continue to be reported with alarming frequency in England. Two occurred in one week in London, one under chloroform, the other under a mixture of chloroform and ether. Fatty degeneration was found in both instances, at the post-mortems.

Preparation of Celluloid.

This substance, much used in dentistry, is prepared as follows:—

Paper is treated by a continuous process with five parts of sulphuric acid and two of nitric acid, which convert it into a sort of gun cotton. The excess of acid is removed by pressure, followed up by washing with abundance of water. The paste, when thus washed, drained, and partially dried, is ground in a mill, mixed with camphor, ground again, strongly pressed, dried under a hydraulic press, between leaves of blotting paper, cut, bruised, laminated, and compressed again in a special apparatus suitably heated. It is said to be hard, tough, transparent, elastic, fusible, becoming plastic and malleable at 125°. It ignites with difficulty, is decomposed suddenly at 140° without inflammation, and gives rise to reddish flames. It is inodorous, and does not become electric on friction.

Correspondence.

Ingrowing Toe-nail.

Ed. Med. and Surg. Reporter:—

In looking over your journal of August 11th, page 110, I see a little report on "Ingrowing Toe-nail" (so-called), which will pass into the literature of the profession as the authority of the "College of Physicians and Surgeons of New York," for the treatment of this troublesome affection. While I agree fully with the writer's pathology, and what he says as to the causation of the disease, I was struck with the singularly useless advice as to treatment. No doubt the loose shoe and the astringent applications would allow many of the less severe cases to recover, but the use again of a moderately tight shoe would reproduce the old trouble. In most cases you will find the trouble on the inner side of the great toe, and where the second toe, as it rests upon the bottom of the shoe, is a little lower than the edge of the great toe; as a consequence, the pressure of the second toe is upward and outward, crowding the soft tissue directly against the hard edge of the nail. The usual consequence is, that, sooner or later, there is irritation, chronic inflammation, hypertrophy, and ulceration. The old operation of extirpation of the nail is useless, and based upon a mistaken pathology; and the same may be said of scraping the centre of the nail, cutting out a part, and all operations upon the nail. *It* is not at fault. Many of the milder cases will get well by relieving the edge of the great toe from pressure by tying the second toe with a small piece of roller bandage, so that it will ride well over upon the top of the great toe, and thus relieve the soft parts from the upward pressure against the sharp edge of the nail. Some, I say, not all. When hypertrophy and ulceration take place, this will not do.

For these bad ones, I have, in several instances, performed a very trifling surgical operation, and in no instance have I seen it fail. Take a sharp-pointed bistoury and insert it close to, and well up, opposite to the root of the nail on the inner side; press it downward, and a little inward, until it emerges well down toward the bottom on the inner aspect of the toe. Then cut toward the end of the toe, the edge of the knife hugging the border of the nail. You will thus detach a flap, including the entire diseased tissue and a little more. Then cut the flap off at its base. Dress with cool

water. The wound will heal smoothly by granulation, leaving the edge of the nail bare and powerless for mischief. The operation is not a painful one, hemorrhage very trifling, and, so far as my observation goes, is entirely satisfactory and efficient in relieving this most distressing affection. S. M. Hamilton, M. D.

Monmouth, Ill.

Dose and Mode of Administering Nitrate of Silver.

Ed. Med. and Surg. Reporter:—

Many years since I began to administer this remedy, giving a grain in an ounce and a half of pure water in the morning before breakfast, for chronic inflammation of the stomach and bowels. I have continued it with the most gratifying results, in dyspepsia, with its various morbid symptoms. As I don't weigh it any longer, I have given, no doubt, one and a half grains per dose at times; I have weighed five grains and divided it into four doses, often. I find it sometimes vomits; sometimes purges actively; and sometimes produces no decided sensation. But it is the best alterative and tonic to the mucous membranes of the stomach and bowels I have ever tried. I give it alone for that. I generally give a dose every other morning, until two, three or four doses have been taken. I always put it up in blue paper, to be dissolved in four tablespoonfuls of rain water, when used, and drank on an empty stomach before breakfast, always. In this way and for this purpose I use a great deal, with results highly gratifying to my patients as well as myself.

I have been induced to give this my experience in the use of nitrate of silver from noticing several articles on the subject in the Reporter. I have acquired quite a reputation for curing epilepsy. I give nitrate of silver (with other remedies) simply to restore the mucous membranes of the stomach and bowels to a healthy condition; I never continue it long; seldom give more than four to six or eight doses; when I give more than four, I leave considerable interval between the first and second course. I don't depend upon that article alone in the treatment of epilepsy.

Ville Platte, La. D. W. Foster.

News and Miscellany.

The Ancient Hotel Dieu.

A recent Paris letter says of this venerable structure:—Of the old Hotel Dieu, which will soon have disappeared, we will alone speak of the "cagnards," one of the most curious, and at the same time one of the least known, portions of the hospital. The cagnards are the rooms built under the water terrace and above the cellars. In the reign of Henry IV (at the beginning of the seventeenth century, that is) these cagnards were destroyed; one alone was spared, which may still be seen, near the Petit Pont. It can be easily recognized by its Gothic window and iron bars.

The cagnards which still exist are vaulted halls, chiefly occupied by the pharmacy of the hospital. For the lover of antiquity, this pharmacy is an interesting place. None of the shine and elegance reigns there that mark the shops of modern chemists. The counters, the seats, and the whole accessories are in solid oak, blackened by age, and polished by continual friction. Instead of the regulation colored bottles, earthenware and pewter jars of the strangest forms line the shelves, reminding one of the days of Moliere's apothecaries, or the dear old Speziaria of the once existing Italian convents. The bronze mortar in daily use dates from the reign of Louis XIII (1610-1643), and the set of brass weights are of no mean antiquity. In another part of the cagnards is a secret room, in which took place some of the first experiments in anatomy that were practiced in France. Here it was that, in 1526, but a short time, it will be remembered, after Andre Vesale, of Vesalius, had made his anatomical studies in Italy, Francis I's doctor secretly dissected, in presence of a few enthusiasts, the body of a tortured man which had been bought, at an enormous cost, from the executioner. But these rare operations were done only in secret, for the Church would have absolutely forbidden such a profanation had it been known.

Before closing this hurried notice of the old Hotel Dieu, let us not forget to notice the most ancient portion of the building which is destined so soon to be demolished. It formerly was part of the constructions executed by order of Blanche de Castile, and is, therefore, more than 600 years old. It is in the subterraneous chapel of the Salle St. Thomas. The architecture is simple, not a trace of foliage nor the slightest ornamentation. The vault is ogival and accompanied by rounded mouldings, as in all edifices of the thirteenth century. But, were it not for its antiquity, the chapel would possess little or no interest. For a long time past it has been used as a wine cellar.

Health Indications.

Dr. Snow, in his last report as City Registrar of Providence, R. I., says:—

It is quite generally predicted that there will be an unusual amount of typhoid fever during the coming autumn, though the reasons we see given for this opinion are of a directly opposite character.

It seems probable that we shall have considerable diphtheria this fall and winter, and the most active exertions should be made immediately to remove the supposed causes of this disease, especially the offensive odors from privy vaults and sink drains. By so doing, it is certain that comfort will be greatly increased, and disease and death prevented. It should also be remembered by every one that we have no more right to poison the families of our

neighbors than our own, with these offensive odors. We ought to be as careful to disinfect our vaults when they are located near our neighbors' windows as when they are near our own.

The Yellow Fever Epidemic.

The following telegrams mark the extension of the epidemic :—

JACKSONVILLE, Fla., September 11.—There was one death from yellow fever last night at Fernandina, and three new cases to-day. Nurses and a doctor are en route from Savannah. The weather is reported unfavorable.

SAVANNAH, September 11.—The Mayor of Fernandina has telegraphed to the Mayor of this city for medical aid and nurses, and Dr. McFarland leaves here to-morrow for that city. A dispatch from the Mayor of Brunswick to the *Morning News* emphatically denies the report of yellow fever, and says there is no sickness of any kind in that place.

Personal.

—The W. and S. Tuke prize of one hundred guineas has been awarded to Edward C. Spitzka, M. D., of New York city, for the best essay on the "Somatic Etiology of Insanity."

—Dr. Lewis A. Sayre, of New York, is describing to the medical men of England his plaster of-Paris treatment of spinal curvature.

—Mary Smith, a graduate of Mount Holyoke Seminary, and who has been for over two years studying medicine at Zurich, Switzerland, is visiting her home at Westfield, Mass. She returns next month, to complete her course, and will then begin to practice in this country. Thus, little by little, the Smith family are being turned to a good account.

—Dr. Hiram Corliss, an eminent physician and surgeon of Greenwich, N. Y., died recently, at the age of 84 years. He was the father of the Hon. George H Corliss, the engine builder.

Items.

—In the marriage notice of Dr. Ott, (REPORTER, Sept. 1), that gentleman was mentioned as "Physician to the University of Pennsylvania." What was intended. was to say that he had been Demonstrator of Physiology in the University of Pennsylvania. His investigations in that branch have been extensive, and highly esteemed.

—M. Recordon, of Geneva, has invented a machine by which blind people can write at once in characters meant for their blind brethren and in ordinary letters legible with the eyes.

—In regard to the combustion of oxygen, by one gas burner, it is considered to be equal to that used by eight men.

—The average height of man is greater in this country than in France.

Obituary Notes.

—Dr. William Leroy Stevens, House Surgeon to St. Peter's Hospital, of Brooklyn, died in that city June 24th, 1877, from the effects of a dissection wound received June 15th.

—M. Alfred Deshairs, aged thirty-four years, Assistant to the Chair of Chemistry in the College de France, was recently found stretched on the floor of his laboratory in the rue Cujas, where he lived. He had been dead two days. It is supposed, judging from the surroundings, that he was accidentally poisoned.

QUERIES AND REPLIES.

The Hypophosphites.

Dr. S. S.—The most approved mode of administering the hypophosphites is to give, say of the hypophosphite of lime, as much as will lie on a ten-cent piece, thrice daily. It should be kept in a close-stoppered bottle. If it deliquesces it becomes inert. The hypophosphite of quinine is given in doses of three grains.

Dr. J. C., of Pa.—The freckle lotion you ask for is not familiar to us.

McC., W. Va.—Apply to the author, Ann Arbor, Michigan.

Dr. P. H. V., of Texas.—Dr. Shelly distinctly stated in his article that the substance referred to had long been a popular remedy.

MARRIAGES.

BOLLES—SOUDER.—On August 15th, at the residence of the bride's sister, by Rev. J. H. Mickle, of the New Jersey Conference, Dr. J. B. Bolles and Miss Emma F. Souder, both of Philadelphia.

DUNGLISON—FISHER.—On August 23d, at St. Mary's Church, West Philadelphia, by the Rev. Thomas C. Yarnall, Richard J. Dunglison, M.D., and Violette Fisher.

GOULD—ROWELL.—In Coventry, Vermont, August 1st, by Rev. D. P. Wild, Dr Ozias B. Gould and Ella L. Rowell, both of Coventry.

OSBORNE—OSBORNE.—On August 29th, at the residence of the bride's father, by the Rev. William H. Neilson, rector of St. Michael's, Trenton, New Jersey, Dr. Richard H. G. Osborne, of Bedford, Pennsylvania, and Ada Isabella, only daughter of John H. Osborne, Esq., C. E., of Summerside, Morrisville, Bucks county, Pennsylvania.

DEATHS.

BURDEN.—In Philadelphia, suddenly, on August 31st, of heart disease, Dr. Jesse R. Burden, son of the late Jesse R. Burden, M.D.

BRADY.—In Brooklyn, September 10th, 1877, John A. Brady, M.D., in the 46th year of his age.

COATES.—On the 22d ult., Mary Penn-Gaskell, wife of Dr. Isaac T. Coates, of Chester, Pennsylvania, and daughter of the late Peter Penn-Gaskell.

GILL.—On the 27th ultimo, Charles M. Gill, M.D., son of Charles and Elizabeth Gill.

JACKSON.—On the 4th instant, John Jackson, M D., of Philadelphia.

TAUNER.—At Riverton, New Jersey, on Thursday, August 30th, 1877, at 1.30 P. M., Elizabeth Levis Tauner, wife of John Tauner, M.D., LL.D., aged fifty-eight years and twenty-five days.

WOOLSTON.—In Philadelphia, on the 2d instant, Dr. Samuel Woolston, aged seventy-three years.

DUCRO'S
ALIMENTARY ELIXIR,

A COMBINATION UNITING THE PROPERTIES OF

ALCOHOLIC STIMULANTS AND RAW MEAT.

This preparation, which has been used with great success in the hospitals of Paris, since 1868, is adapted to the treatment of all diseases requiring the administration, in a small volume, of a tonic able to stimulate and support the vital forces, as *Pulmonary Phthisis, Depression* and *Nervous Debility, Adynamia, Malarious Cachexia, etc.*

Prepared by DUCRO & CIE, Paris.

DOCTOR RABUTEAU'S

(Laureate of the Institute of France.)

DRACEES, ELIXIR & SYRUP

Of Proto-Chloride of Iron.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules.*

"The ferruginous preparations of *Dr. Rabuteau* do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hopitaux.*

Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily because of its agreeable taste.

DOCTOR CLIN'S

(Laureate of the Faculty of Medicine of Paris. Prix Monthyon.)

CAPSULES AND DRACEES

Of Bromide of Camphor.

"These remedies are prescribed when it is necessary to produce an energetic sedation on the circulatory system, and particularly on the nervous cerebro-spinal system.

"They constitute one of the most energetic *anti-spasmodic* and *hypnotic* medicines."—*Gazette des Hopitaux.*

"*Dr. Clin's Capsules and Dragees of Bromide of Camphor* are those employed in all the experiments made in the Hospitals of Paris."—*Union Medicale.*

Dr. Clin's Capsules contain 4 grains, and the Dragees 2 grains, of genuine Bromide of Camphor.

N. B.—*Dr. Clin's Gluten Capsules* are very rapidly dissolved in the stomach, and should be preferably employed for a long treatment, and when the administering of Bromide of Camphor at a great dose would be considered as beneficial.

Prepared by CLIN & CO., Pharmacists, Paris.

DOCTOR CIBERT'S
DEPURATORY SYRUP AND DRAGEES,

OF IODIZED DEUTO-IODIDE OF MERCURY.

These preparations have been approved by the Academy of Medicine of Paris, and have been thoroughly tested in the hospitals of Paris in the treatment of *Syphilitic, Scrofulous* and other affections requiring the use of iodized remedies.

They are recommended for the utmost accuracy of composition, and their perfect preservation.

Prepared by VAUQUELIN-DESLAURIERS, Chemist, Paris.

E. FOUGERA & CO., Agents, New York.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly* : the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say : —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, *cinchonidine*.
F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE ; and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*.
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.
"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.
"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY, 908 East Cumberland St., Philadelphia, Penn., Feb. 29, 1876.
"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.
"F. A. GAMAGE, M.D."

☞ *Price-Lists and Descriptive Catalogues furnished upon application.*

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(SUCCESSORS TO JAMES R. NICHOLS & CO.)

BOSTON, MASS.

Smithsonian Institute

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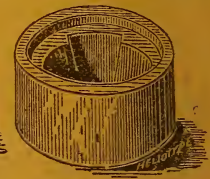

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BY

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Communications.

MEDICO-LEGAL OBSTETRICS.

BY GEORGE HALSTED BOYLAND M.A., M.D.,
Of Baltimore, Md.

(*Continued from Page* 168).

Perhaps the most interesting point, and the one deserving most consideration of all its bearings in this connection, is the diagnosis of birth that has occurred some time previously and been concealed. In the Midwife's school at the University of Leipzig such diagnosis is believed to be easy if the individual in question can be examined within from eight to fourteen days after. There are here so many general and local appearances at the same time; for instance, the bodily weakness always present, moist skin, turgescence of the breasts and secretion of milk in them, looseness of skin on abdominal walls, flow of the lochia, wide and relaxed vagina, size and softness of the uterus, etc., that a birth transpired ought always to be recognized with certainty; therefore, the old forensic practitioners fixed ten days as the period in which reliable signs of a birth transpired were to be found. Of a birth, on the contrary, that has occurred already weeks or months before, the very fewest traces are left on or in the body of the mother. For this reason it is important to ascertain thoroughly the diagnostic value of these isolated traces. Soft, hanging breasts are as worthless to our purpose as prominence and dark color of the nipples, or the changes in color of the areola and the Montgomery glands, which are looked upon as characteristic of first pregnancy.

All these appearances are at times only the sequences of other irritable conditions of the uterus. The pigment of the nipple areola cannot be relied upon according to the degree of its intensity; therefore, only the well-marked bright rose color of the virgin areola is a sure sign that a pregnancy has not been gone through; the subcutaneous tears or scars on the under half of the breasts, which never disappear entirely, have the same worth as the scars on the abdominal skin.

The presence of milk in one or both breasts is a very important element in awakening suspicion of concealed birth, for galactorrhœa very seldom develops itself pathologically. The absence of milk is without any worth, as the secretion, with those who do not nurse, can very soon cease, in spite of their unnatural course. The presence of scars on the abdominal parietes points to former extension of the abdomen, and in forensic cases—where it most always concerns young, strong females, and where pathological conditions, such as ascites, hydrops ovarii, tumors of the spleen and liver, are to be excluded—most always, to an accomplished pregnancy. Their absence by no means proves that abortion has not been procured; in rare cases the birth of a child at full term occurs without leaving a single scar on the abdomen of the mother. Whilst during the ordinary childbed, by proper treatment and rest, the distended abdominal muscles little by little recover their former tone, when the birth is concealed, and the mother with intention pursues her regular fatiguing duties, walking much, or at times running, and thus continuing a strong pressure of the intestines against the abdominal parietes,

a very notable looseness of the latter remains, the longer in proportion to the severity of such exertion.

A diastasis of the rectal abdominal muscles happens seldom, it is true, but shows that a pregnancy and birth, with the utmost probability, have taken place. Cicatricial formation on the anterior portion of the perineum, with generally a partial healing of the rupture, is of great significance, as anterior ruptures of the perineum are only quite exceptionally referable to other causes. Just as important is the absence of the frenulum. By mechanical influences scars or other changes would be left there. On the other hand, presence of the frenulum does not tell us that no birth has taken place, because by no means always does it tear during the first labor. The frenulum remains often intact, when the head of the child is small, soft and compressible, and passes very gradually through the vulva. This intact frenulum is always remarkably slack, and only by thorough inspection detected. The existence of the hymen speaks against the passage of a fœtus, even in the earlier stages—the term fœtus being applied at and after that period when the stump-like prominences indicating the future extremities of the offspring begin to develop into such, that is, about the eighth week, previous to which it is designated as embryo. Only a very early abortion can pass through the vaginal canal without lesion of the hymen.

Enlargement of the vagina gives us no aid in deciding about the occurrence of a birth; a striking diminution in the number of vagina folds merits more attention. A cylindrical, soft, and, so to speak, loosened up portis vaginalis, with gaping round lips of the os uteri, accompanied by lateral fissures, indicate that a birth has been withstood, but do not prove it, as pathological processes on the vaginal portion easily deceive. More extensive fissures at the mouth of the uterus point, on the contrary, directly to such. The lateral fissures, especially if they were small, can, in exceptional cases, disappear to such an extent as to be unrecognizable. The looseness of the vaginal walls can also depend upon pathological process. During the first nine days after confinement the uterus can be felt, with its round, hard fundus, several finger-breadths above the os pubis; the lower segment of the uterus, giving upon pressure, and puffy, is more drawn together with the vaginal portion; the orificium externum uteri remains open and oval. It is much more difficult, at a later period, to determine changes with reference to size and form that have been occasioned by birth.

According to Dr. Wachs, Director of the School for Midwives at Wittenberg (*Schmidt's Jahrbücher*, vol. clxv, page 69; *Tyhrschr. f. Ger. Med.*, vol. xxi, page 219, 1874), we possess in the uterine sound a means to ascertain, with surety, facts with reference to the delayed return of menstruation after concealed birth, bearing upon the size and form, as well as upon the structure of the uterus; he qualifies, however, the expression "with surety," by "to a certain degree." The uterine sound he speaks of as a means not yet as generally employed as it should be, not sufficiently prized, and altogether an excellent aid. The paper of Dr. Wachs would have had still greater value had this point been longer and more explicitly dwelt upon. The restraint after confinement upon a woman who has borne secretly brings with it a faulty reconstruction of the uterus; the fundus is never drawn together and hard, but soft and giving, and cannot, therefore, be felt from without, notwithstanding its abnormal height. The sound can easily be introduced into such a uterus, as the orificium is abnormally wide, the portis vaginalis soft, the interior of the uterus abnormally long. If the handle of the sound be lowered, its point may be felt several inches above the pubis. This condition is found, in many cases, months after, and is a very valuable aid in the diagnosis of birth that has occurred some time previously and been concealed.

The interest of the subject has, perhaps, carried us further than we intended, and we therefore crave indulgence, only desiring to direct attention to a branch of science which needs cultivation, and a special study of which might be made to yield a rich harvest.

Disease from Impure Ice.

It was found in one instance, in Massachusetts, that an outbreak of intestinal disorder was due to the use of ice. The explanation is thus given: "Of the organic matter which is suspended in the water, and which may be removed by filtration, a portion, consisting of the larger and heavier particles, settles somewhat readily. Another portion, being more finely divided, remains for an indefinite time diffused through the water, and would be drank by any one using the ice in the ordinary way."

ON TRACHEOTOMY IN CROUP.

BY JOHN H. PACKARD, M.D.,

Of Philadelphia.

Read before the Philadelphia County Medical Society, May, 1877.

The subject on which I venture to lay before you a few remarks, is one which, although often and ably discussed, cannot yet be regarded as settled. It is not, indeed, possible that it ever should be settled by the establishment of an absolute and definite rule, since the circumstances of each case, as will presently be shown, must influence the opinion and guide the conduct of the practitioner. But the discussion of the questions belonging to this topic, and the testing of theories in the light of experience, may aid us in arriving at certain general principles, such as are held by the profession in regard to some other operations, but which are not, I think, recognized in reference to tracheotomy for croup. This procedure is looked upon by many physicians and surgeons as a last resort, in the most hopeless sense; as a plan not to be thought of until life is nearly extinct. What I want to urge is, that we might often save life by an earlier recourse to tracheotomy; that, as in the case of strangulated hernia, for example, we should foresee the desperate strait, and attempt the rescue of the patient while there is a greater chance of success. There seems to me to be, in this respect, a very marked analogy between the two operations, and one which might well extend to their appreciation.

Let me first, in order to show the magnitude of the matter, call your attention briefly to some statistics as to the mortality from croup. It may be looked upon as an endemic of temperate climates, or, at least, in some regions. It is so here, in the Middle and Eastern States, and in England. The recent improvements in the method of publication of the returns of mortality in our large cities warrant the hope that before long it will be possible to procure far more accurate data in regard to the relation existing between the temperature and other atmospheric conditions, and the prevalence of certain diseases. Among these diseases we may certainly place croup.

Let me place before you a table showing, for the year 1875, and for this city, the weekly averages of the barometer and thermometer, with the percentage of croup to the general mortality. It seems to show that the relation of thermometric changes to the prevalence of croup is closer than that of the barometric changes. Whether statistics on a larger scale would confirm the accuracy of this idea or not remains to be seen.

Week Ending	Deaths from Croup.	Total of Deaths.	Percentage of Croup.	Average Therm.	Average Barom.
Jan. 9, 1875.	15	292	5 1-7	29	30.23
16	22	329	6⅔	21	30.32
23	9	355	2½	22	30.32
30	11	390	n'rly 3	30	30.05
Feb. 6	11	333	3⅓	28	30.16
13	10	361	2¾	17	30.20
20	1.13	339	n'rly 4	21	30.08
27	4	386	1 1-28	41	29.98
Mar. 6	8	384	2 1-10	28	30.15
13	8	366	2 3-5	36	29.99
20	5	379	1⅓	34	29.52
27	9	357	2½	33	30.20
Apr. 3	8	387	2⅔	49	30.27
10	5	334	1½	47	30.20
17	4	381	1 1-13	42	29.82
24	5	337	1½	39	29 87
May 1	10	363	2¾	49	29.92
8	4	365	1 1 12	50	29.91
15	5	361	1⅓	61	30.00
22	4	335	1 1-5	62	30.68
29	9	355	n'rly 3	71	29.94
June 5	4	295	1⅓	66	30.12
12	10	343	n'rly 3	67	30.02
19	12	318	n'rly 4	67	29.96
26	8	324	2½	77	30 02
July 3	4	526	4-5	76	30.05
10	5	412	1 1-5	76	30.14
17	4	489	8-9	76	29.83
24	4	458	8-9	74	29.99
31	7	436	1½	75	29.99
Aug. 7	4	390	1 1-39	70	30.02
14	2	443	5-11	75	29.98
21	..	385	..	76	29.93
28	3	360	5-6	67	30.22
Sept. 4	5	367	1⅓	77	29.94
11	3	312	1—	69	30.21
18	5	305	1 7-9	64	30.04
25	7	257	2⅔	54	30.12
Oct. 2	18	323	5½	60	29.94
9	6	270	2 1-7	59	30 13
16	12	326	3⅔	49	30.02
23	15	315	4 7-9	53	30.04
30	10	275	3 7-11	56	29.88
Nov. 6	9	271	3 2-5	38	29.98
13	19	286	6⅔	44	30.06
20	8	297	2⅔	41	29.92
27	11	262	4 1-5	39	30.35
Dec. 4	11	297	4 1-24	30	30.31
11	13	312	4⅙	36	29.78
18	9	326	2 5-6	30	29.78
25	12	304	n'rly 4	37	30.18
Jan. 1, 1876.	8	362	2 1-5	41	30.23

As might be supposed, the number of deaths from croup varies greatly in different years. Thus the report made by a committee of this Society to the State Medical Society for 1873, contains the record of but 228 cases, to a total of deaths from all causes of 16,736; being a little less than 1½ per cent. But according to the statistics published by the Board of Health of this city for the year 1875, there were in that year, 427 deaths from croup, out of 18,085 from all causes, or 2⅓ per cent.

In 1876, the report for which has just been published, there were 386 deaths from croup, out of 18,992 from all causes, about $2\frac{1}{15}$.

Comparing these three years, we have in

	All Causes.	Croup.		
1872,	16,736;	228;	or less than	$1\frac{1}{2}$ per cent.
1875,	18,085;	427;	do	$2\frac{1}{3}$ do
1876,	18,992;	386;	do	$2\frac{1}{2\frac{1}{5}}$ do

Going further north we find recorded in New York city, in 1875, 758 deaths from croup, or a little over $2\frac{1}{2}$ per cent. of the total mortality of 30,709.

In Boston there were, from June 26th, 1875, to June 24th, 1876, 239 reported deaths from croup, out of 8750 from all causes, or a little less than $2\frac{4}{5}$ per cent.

On the other hand, in Baltimore there were, from November, 1874 to November, 1875, 140 fatal cases of croup, to 7317, the total mortality, making the proportion of croup less than 2 per cent.

A very marked change in the matter we are now considering is manifested when we get to Richmond, Va., where from January 1st, to April 15th, in 1876, there was but one death from croup, and that in the week ending February 5th.

In this city in 1875, it will be seen by the table that there was but one week in which no deaths from croup occurred—the one ending August 21st; and it was in that same week that the mortality from this cause in New York also reached its lowest point, 2 out of a total of 685.

From the weekly returns of the Registrar General of England, for the year 1875, we find the deaths from croup, in London, to have been 722 out of 81,513, the total mortality.* In 1874 they were 771 out of a total of 76,813.

From the 37th Annual Report of the same officer, we find that in England, in the year 1874, there were 5010 deaths from croup, the total from all causes having been 526,632.

Hence, in 1874, for London, as well as for England at large, the mortality from croup was very nearly 1 per cent. of that from all causes, while in 1875 it was somewhat higher. The Annual Report for the latter year has not yet been issued; or, at least, it has not yet been received here.

Croup appears therefore to be a true endemic, depending upon various atmospheric causes, thermometric and barometric conditions and changes, and, perhaps in as great a degree upon humidity and its variations, for its prevalence. My own belief is that the changes which in our climate are so frequent, so sudden and so marked, have more influence in giving rise to this and some other diseases than any persistent condition of mere cold or heat, dryness or moisture, etc. The death-rate from croup in the humid climate of the British Islands is much below that in our dryer atmosphere: a fact which sets aside the idea that mere dampness induces the disease.

Imperfect as these statistics are, it seems to me that they give a better idea than could be conveyed in any other manner, of the character and extent of the foe with which we are now concerned. For the opportunity to procure them I have to thank Mr. George E. Chambers, the Registrar of our Health Office, Mr. C. E. Davis, who occupies a similar position in Boston, and Dr. Day, Sanitary Superintendent, New York city.

We cannot, I think, regard the data now presented in regard to croup as more than approximately correct. The diagnosis of this disease is not, in its later stages at least, difficult, but there are some sources of error which cannot be either ignored or obviated. Thus the line between croup and diphtheria is by no means clearly laid down, either in theory or in practice; and the question of their relation to each other has recently been the subject of formal discussion in one of the leading medical societies in London.

In the early stages of the former disease, as distinctly pointed out by Meigs and Pepper, there is very commonly an exudation in the fauces and upper part of the pharynx. And in many cases which for the most part present the phenomena of true croup, there seems to be associated with or underlying these a profound systemic poison, which baffles treatment, and which can only be referred to the diphtheritic type.

In dealing with affections of this form, it would be impossible to obtain a successful issue by such means as were recommended by the older authors, who knew only the sthenic disease described by them as croup, membranous or pseudo-membranous croup or laryngitis. The constitutional dyscrasia, manifested locally by the kind of exudation known as diphtheritic, and generally by symptoms of extreme depression and failure of innervation, would be only increased by such remedies as antimonials and nauseating emetics.

*Apportionment of these among the 52 weeks shown.

Yet the fact remains that a very large number of cases are reported as succumbing to a disease the prominent symptom of which is such as to obtain for it the name of croup; and for our present purpose the error may be disregarded.

When we consider the amount of suffering that is implied in these figures, both to the victims themselves and to their families, it seems as if the object of diminishing it were well worthy of careful thought. *Eight hundred and thirteen* children died of croup in this city, in the seven hundred and thirty-one days between Jan. 1st, 1875, and Dec. 31st, 1876. Can it be that this was the minimum of mortality attainable?

It may be safely assumed that in very few of these cases was the operation of tracheotomy performed. In many the treatment may have been inappropriate, or if well directed, was either inefficiently carried out, or thwarted by the bad hygienic and other surroundings of the patients. A large number of the children may have been so young that the chances for them, at best, would have been very slight.

In still another set of cases the complication of the croupal trouble by diphtheritic poisoning would have reduced the probability of recovery to a minimum, even if the occlusion of the larynx had been met by the establishment of respiration by an artificial opening.

And yet, excluding cases in which a successful issue might have been attained by judicious medical treatment alone, and those in which the extreme youth of the patients or other circumstances would have defeated any measures—allowing, in other words, a large margin of medical and surgical failures—I cannot but think that there must have been many of these eight hundred and thirteen children whose lives would have been saved by the performance of tracheotomy.

The history of most cases of croup, I think, may be summed up as follows: a day or two of domestic remedies; a day or two of medical treatment, with constantly increasing difficulty of breathing; the family, and too often the physician, becoming demoralized; the imminent approach of death, and then the question of operation mooted, with more or less hesitation on the part of all concerned, until the little patient has become so exhausted by his struggle as to have very little power with which to climb the long hill back to health, even if temporarily relieved by tracheotomy.

Among the practical questions to be considered in any case, as soon as the physician sees it, and perhaps at his every visit for days afterward, must be these: 1. How far the child's life is in danger from mere laryngeal occlusion; 2. how far other constitutional or local conditions lessen or preclude the hope of recovery, even if a free channel is artificially established for the access of air to the lungs; 3. How far the operation of tracheotomy is in itself an additional element of risk.

To answer the first of these questions is not always easy, but in general terms it may be said, that if there is any degree of cyanosis, with suppression of the voice, free and urgent movements of the chest walls, with sinking in of the interclavicular, intercostal, and infrathoracic spaces, we should be prepared to operate.

I should myself say, that if in any case the voice is lost, the probability of an operation becoming necessary should always be laid before the parents or friends.

When there is no cyanosis, when there are remissions in the hoarseness and stridor, if even temporary ease is given by hot baths, by breathing a moist air, or by the ejection of mucus or false membranes under the influence of emetics, the operation may be delayed, and the medical treatment carefully and vigilantly pursued.

To answer the second question intelligently, an examination of the chest by an experienced ear may be requisite. Should there be evidence of extensive bronchial or pulmonary inflammation, or even irritation, or of the formation of false membranes over any considerable tract of the air passages; if the respiratory efforts are shallow, and the chest walls do not move freely, if the symptoms of general diphtheritic poisoning are present, the chance of affording even temporary relief by operation will be so small that surgical interference would not be justified.

As to the third question, it depends for its answer upon considerations which vary in each case.

1. *The Difficulties of the Operation.*—Some authors, and among them the great French writer, Trousseau, as well as our respected former president, Dr. Drysdale, regard the operation of tracheotomy as a medical one, for the performance of which every physician should be qualified. I cannot agree with them. Few surgical procedures, in my opinion, require

more nerve, or more operative skill. Sometimes, indeed, the difficulties met with are small, but sometimes they are very great. And it is impossible to tell what they will be until they are actually encountered. If I am wrong in this statement, I can only say that such has been the teaching of my own experience, and that it is confirmed by the recorded experience of many others.

The anatomical difficulties are, in a child, and especially in the plump and robust, who are so often the subjects of croup, by no means inconsiderable. They are increased by the spasmodic efforts at respiration which result from the disease.

Cases are on record in which the trachea has been wholly missed, and a tube inserted into the areolar tissue of the front of the neck. In others the whole trachea has been transfixed and the pharynx wounded.

The hemorrhage, while it may be but slight, is often for a time so profuse as to greatly embarrass any one who is unfamiliar with operating.

Of the various inventions for facilitating the operation and enabling it to be done without regard to ordinary surgical precautions, I say nothing, for I have never seen any which did away with the real difficulties. The exposure of the trachea and the opening it at the proper point are the essentials, and must be independent of mere appliances.

2. *The Subsequent Care of the Patient.*—But supposing the operation to be concluded, and the tube safely introduced, the after-treatment requires the closest and most intelligent care, with the utmost attention to the hygienic surroundings of the little patient. A moist atmosphere, at a temperature of at least 75° Fahr., with constant attention to the cleansing of the tube whenever it becomes clogged, as well as to the position of the child, to his protection from draughts of air, to his nourishment and medication, are absolutely indispensable to success. Where experienced and faithful nursing cannot be had the operation should not be done. Even in cases which are under the continual supervision of physicians from the moment of insertion of the tube, it is too often impossible to avert a fatal issue.

The operation adds to the risk of life when these arrangements for after-treatment cannot be made, since, in the first place, the air passes to the lungs directly through the tube, without the previous warming and moistening to which it is naturally subjected in the mouth and nose, and thus irritation or inflammation of the respiratory mucous membrane is very apt to be excited. Secondly, the tube is quite rigid, and in the event of its clogging by mucus or false membranes, there is no possible chance of its yielding in any measure, as the larynx may.

And we must always consider the fact that, even under desperate circumstances, it has sometimes happened that dislodgment of the false membranes has taken place with relief. The direct force which would accomplish this is obviously interfered with by the presence of the tube; and unless we can keep the latter quite clear, we may actually diminish the chances of the child's life by inserting it.

That tracheotomy itself does not add to the risk of life, is shown by the general success attending its performance for the removal of foreign bodies in the air passages, and as an auxiliary to other operations on the larynx. A further proof of it is afforded by the frequency with which uncomplicated suicidal wounds of the trachea are recovered from. And if we examine the recorded histories of fatal cases of croup and diphtheria, in which the operation has been resorted to, we find no evidence that death was either caused or hastened by surgical interference. On the contrary, there is generally a marked alleviation of the symptoms, and the untoward result is obviously due to conditions which were beyond and beneath the local trouble, and which persisted in spite of its removal.

As summing up the foregoing very imperfect remarks, I would earnestly ask whether it is not probable that the proportion of recoveries from croup (including under this head all cases where general diphtheritic poisoning is not manifestly present), would be increased by the earlier recognition of the necessity of tracheotomy, and by the skillful performance of the operation? The number of tracheotomies would undoubtedly be larger, but would not the percentage of successes be much more augmented?

Do we not now regard the operation as a last resort, and by postponing it so long cut off, in many cases, the chance of benefit from it?

I cannot but think that the case might be put more strongly than this; that it might be correctly said that many members of the profession regard tracheotomy with serious aver-

sion, believing it to be a hazardous experiment, involving nearly as much risk as the disease itself. It happened to me to see, many years ago, a child under the care of three leading physicians in this city, dying of croup. For three or four days they plied the poor little creature with all the recognized emetics, until it suffocated, but tracheotomy was not mentioned.

Dare I say that sometimes the trouble, and anxiety, and responsibility involved in the operation and its after-treatment constitute the real objection to it in the mind of the physician?

Two points, not strictly coming within the scope of this paper, I wish to comment upon briefly:—One is, that we make the mistake sometimes of using tubes of too small a calibre. The inner tube should represent at least the normal size of the chink of the glottis in the child to be operated upon. It would be better to insert a tube rather larger than this, if anything, since our main object is to afford a temporary supply of air to lungs already suffering from the deprivation of it. We are dealing with an elastic and distensible passage, and can easily substitute a smaller instrument if the larger produces any undue irritation.

The other point is the vast amount of relief given, even where life is not saved, by this operation. It seems to me that as a merely palliative procedure its value is scarcely to be over-estimated. The harrowing struggles of the little victim give place to a peaceful and quiet ending, which, as many parents can testify, is not too dearly bought.

Medical Societies.

PROCEEDINGS OF THE MEDICAL SOCIETY OF HARFORD COUNTY, Md.

The Medical Society of Harford county, pursuant to a call by the President, Dr. W. Stump Forwood, held a special meeting at Churchville, July 18th, 1877, to give expression to the feelings of respect and honor, so long entertained, and to the profound sorrow now occasioned the profession in the loss sustained by the death of Professor Nathan R. Smith.

The Society was called to order by the President, who said—

Gentlemen—We have this day assembled as members of the Medical Society of Harford county, to make manifest, and to place upon record, the sentiments of honor and respect that we all entertain for, and to give expression to the feelings of deep sorrow felt for the loss we have sustained, in the death of a great benefactor of the human race, of the great leader of the profession in Maryland, Professor Nathan R. Smith.

Full of years and full of honors, he has succumbed to the immutable and the inevitable law of nature. His work is done, and has been "well done," and he has fully merited the title of "good and faithful servant" in everything pertaining to his profession—the relief of human suffering. Thousands this day mourn the loss of him through whose superior knowledge and peculiar skill in the healing art" they have been rescued from untimely graves; and his professional brethren everywhere, for "the world was his country," bow down with sad hearts over the loss of this great man, whose light, so long their guide, is now extinguished forever!

The countenance of him that for threescore years radiated beams of hope and comfort upon the hearts of thousands, is now itself no longer illumined with the light of life; but his life-record has been indelibly engraved upon the memory of this generation, and will be preserved in the archives of the Chirurgical Art for centuries yet to come—the name of Nathan R. Smith, the great physician of this age, whose indefatigable labor, as a legacy to the profession, will be as carefully treasured in the annals of American surgery as that, perhaps, of any of his illustrious predecessors.

On motion of Dr. W. W. Virdin, a committee of five were appointed to draft resolutions of respect to the memory of Professor Smith. The President named Drs. Jno. Evans, W. W. Virdin, R. D. Lee, Silas Scarboro, and W. W. Hopkins as the committee.

The above Committee, through their Chairman (Dr. Virdin), reported the following resolutions, viz.:—

"*Resolved*, By the Medical Society of Harford County, that in the death of Professor Nathan R. Smith the medical profession has lost, not merely a foremost surgeon in the State of Maryland, but one whose qualifications and deeds entitle him to rank among the memorable men of the times in which we live, and whose skill has left with his successors in practice many appliances not before known, for the alleviation of human suffering. United to wise observation, he possessed a sound and discreet judgment, and zeal in the advancement of science, which commanded respect and invited reliance on his surgical and medical skill.

"*Resolved*, That his modest and urbane manners, his purity of life and unflinching integrity, have won for him the esteem and love of all who knew him, and especially those of us who have received the benefit of his teaching at the bedside and in the lecture room; we mourn his loss, and have engraved

upon our hearts the model of a Christian gentleman.

"*Resolved*, That we deeply deplore the loss of Professor Smith, and direct that this testimonial of our veneration for his memory, our appreciation of his skill as a surgeon, and love for him as a man, be conveyed with cordial sentiments to his family."

After the reading of the resolutions, Dr. Virdin said: In presenting the resolutions, Mr. President, I desire to add my testimony to the high appreciation in which the subject of this tribute was held in the State of his adoption, where he had lived and practiced for over half a century. His was a life crowded with the pursuit and practice of knowledge, for the benefit, not of one family, or one community, but for the good of the human race. It has been sagely said that "by the pursuit of knowledge only can we really lengthen our lives." Professor Smith was granted many years of life, which he crowded with observation and deeds. His achievements are too well known to this body to need recapitulation here; but the great virtues with which he crowded a wide-spread practice of the surgeon's art and the physician's skill were benevolence, simplicity of life, and directness of purpose.

My personal knowledge extends back to my youth, when, as a student, under his wise guidance I caught the first inspirations which the great surgeon shed around him. It has been said that an orator should be selected to do honor to the character of one so distinguished. In that we all should concur. Although the goodness and greatness of his character were manifest to the passer by in his every day life, yet a careful study of his character would reveal facts that will shine as a beacon light to guide, in the future, those desirous of emulating the virtue and skill of so renowned a gentleman.

Dr. John Evans, said—

Mr. President—In seconding the resolutions, it is with feelings of sadness and sorrow that I, an alumnus of the University of Maryland, arise to say a few words to the memory of a personal friend, and confessedly one of the greatest surgeons of the age.

For over forty years I have known Professor Nathan R. Smith personally, and during that time had many opportunities of witnessing numerous capital operations by him, which were executed with the greatest skill, as he was always ready, and had a happy knack in overcoming all difficulties and obstacles in the way. I had the pleasure of listening to his instructive lectures on surgery, and can testify to his able manner of conveying his reasonings and deductions, clearly and concisely, to the class.

His great professional acquirements and extensive practice, coupled with unusual industry and great physical endurance, enabled him to accomplish much beyond the capabilities of ordinary men.

His invention of several important surgical instruments, more particularly the "anterior splint," for fracture of the thigh and leg, which gives so much ease and comfort to the patient, and facility of dressing compound fractures; and I will mention also the improvement to the lithotomy staff, of a guide for the knife, to the groove of the staff, has identified his name and ingenuity with the greatest surgeons, not only in this, but in foreign countries.

I would venture to say that in all our land it would be difficult to find a man who has been more generous and benevolent to those who were worthy of charity. I myself have witnessed his benevolent and charitable acts.

Mr. President, I join with you and the members of this Society, in deploring the loss of such a great and distinguished member of the medical profession.

Dr. Scarboro said—In the ages of eternity the life of man is but as the blaze of a meteor. For a moment the flash of the meteor illuminates the sky, and then it is gone forever; some of those brilliant luminaries are so small that they can scarcely be observed in the darkest sky, while others are so grand as to attract great attention, and brighten the darkest night. Like the latter was the life of Professor Smith.

To those beings who live in eternity, and who view the life of man as a meteoric course, the career of this great man must have appeared as magnificent for its greatness while living, and for the vast trail of light remaining behind after his earthly existence was ended.

I have often thought what a pity it is that such genius should be confined to one life. If, after the body is worn out, the soul and intelligence could be transferred to a new body, and this could be continued for many generations, what a blessing this would be to those who follow after; but perhaps this would be very unfair to the poor imprisoned soul.

I had the good fortune to listen to the training of Professor Smith, and many of his remarks are as fresh in my memory to-day as they were more than twenty years ago, when I listened to them as they fell from his lips. His grand Roman profile is so photographed in my memory, that I can easily, in the imagination, see him standing before his lecture-table, in the theatre of the Baltimore Infirmary, endeavoring to impart the truths of his science to an eager and listening class.

Professor Smith was beloved and respected by his students in a remarkable degree. Sometimes, during the lecture season, a difficult surgical operation would call him to a distance, and detain him from his accustomed lecture for a few days; whenever this occurred, he, on his return, was the recipient of the most enthusiastic applause by the whole medical class.

The fame of Professor Smith is not only national, but it extends to countries beyond the Atlantic; it not only belongs to this age, but it will live throughout succeeding generations; and I am proud to say that I too sat at his

feet to gather the drops of wisdom as they fell from his lips.

Dr. John H. Cochran said—Gentlemen, I knew Professor Smith intimately, having first made his acquaintance as a medical student in his private office; he was most assuredly an eminent man, with all the attributes of a gentleman, never withholding his services from the poor and needy. Well might he be called the "Emperor" of surgery; he was one of the first men of his day.

Dr. W. W. Hopkins said—Mr. President and gentlemen; I am satisfied if each one present could give expression to his feelings on this special occasion, that we would, one by one, pronounce a handsome eulogy upon our deceased brother, for such is in our hearts. Nathan R. Smith is no more, and we are grieved, for we sadly feel his loss. It was my duty within the last year to visit our learned deceased brother, to consult him in a case that was near and dear to myself. I had not previously seen him for more than twelve years; time and disease had made a striking change in his noble and manly form, but I soon found that it had encased therein that same good, noble and parental soul that we so much admired and loved when we were students at the University. In consulting him, he soon made you feel that your case was his case; and what he could do for you he did kindly and willingly. He did not speak to you in that commanding manner which his great wisdom might have privileged him to use, but his treatment of you was like a fond and noble parent to his suppliant children. Hereafter we will know him by his works. We will know him as we now know Sir Astley Cooper, Sir Benjamin Brodie, Sir Thomas Watson, and others that we might name, whose discoveries and works are their crowning monuments, erected by themselves.

There are few men among the physicians and surgeons of America whose names are more familiar to the profession of the whole world than that of the great man whose loss we this day mourn; and none whose death will be a greater loss to the community at large. His life, from early manhood, has been devoted to acquiring medical and surgical knowledge, and in applying the same for the relief of suffering humanity, both as a teacher and as a practicing physician. He was not a *specialist;* his great fame was made years ago, when medicine and surgery were not divided into so many branches as now. To be a great surgeon in his younger days it was necessary to be acquainted with every branch of medicine and surgery; and his comprehensive grasp of all is what made the great fame of Nathan R. Smith. As a lecturer he had few equals; as an operator he had no superior. The English surgeon, John Erichsen, said that "he well deserved his great reputation."

As New York cherishes the memory of her valiant Mott, and Pennsylvania loves to do honor to her distinguised Gross, so does Maryland feel proud of having had a Nathan R. Smith, whose life was not only an honor to his profession, but to his adopted State. He was one of her brightest ornaments. All that a grateful profession has to give to his memory will be given.

Dr. R. D. Lee then arose and said—

Mr. President—After the beautiful and appropriate remarks of the gentlemen who have preceded me, on the life and character of Nathan R. Smith, I feel that it would be an unnecessary waste of your valuable time to attempt anything in that line; but, sir, you have heretofore impressed us with the importance of the living honoring the dead, when the icy hand of death has been laid on members of our Society, and they have been stricken down in their fields of labor and usefulness; we, in common with the communities in which they lived and labored, have paid our tribute of respect to their memories. We are assembled to-day to express our deep regret for the loss of one whose life-long devotion to to the relief of suffering humanity might furnish a theme for the loftiest inspiration of the poet, or the grandest eloquence of the orator. Men may be equally learned in anatomy, equally skilled in operating, equal in mechanical ingenuity, equal in nerve, but it was his fortune to combine these qualities to an eminent degree, which constituted him, perhaps, one of the greatest surgeons of the day. The profession and students styled him "Emperor," and he could as becomingly have borne imperial honors as he did the laurels so nobly earned in his profession. His name and fame belong not to a city or a state, nor are they limited by the length and breadth of this fair land, but extend beyond the broad ocean, and will be honored and respected wherever medical science and surgical skill are known and appreciated. He will need no more enduring monument to perpetuate his name than the improved surgical appliances, especially the "Anterior Splint," that his inventive genius has given for the relief of his fellow man.

The resolutions were adopted unanimously, and the Society adjourned.

H. Clay Whiteford, M. D., *Secretary.*

Disinfectants.

Professor Hartshorne, in his lectures on hygiene, divided disinfectants into—I. Absorbents; *e. g.*, dry earth, lime, and charcoal. II. Antiseptics; sulphurous and nitrous gases, chloride of calcium, zinc, iron, chloralum, bromo-chloralum, sulphate of iron, and carbolic acid. III. Decomposing agents; for sulphurated hydrogen, salts of lead (nitrate); for dead organic matter, chlorine, iodine, bromine, and permanganate of potash. IV. Destroyers (?) of contagion and disease germs; carbolic acid, salicylic acid, heat, and cold.

Editorial Department.

Periscope.

ABSTRACTS OF PAPERS READ BEFORE THE BRITISH MEDICAL ASSOCIATION.

(*Continued from page* 234.)

A Case of Ununited Fracture of the Femur Treated Successfully by Operation.

BY REGINALD HARRISON, F.R.C.S., LIVERPOOL.

Mr. Harrison related the particulars of a case where, after various means for obtaining union of a fracture of the femur of some months' standing had failed, the following operation was practiced by him. The patient was a sailor, twenty-six years of age. An incision was made, by which the fractured ends were sufficiently exposed. As the bones overlapped, the lateral surfaces of the fragment were bared to the extent of their overlapping, viz., nearly three inches. To hold the fragment thus bared in close apposition, the bones were encircled by two pieces of copper bell-wire. The bones being held together in this way, a drill-head was passed through both fragments, one end of which was left projecting through the wound. The wound was closed by suture, and the limb placed on an interrupted splint. On the fourth day the drill-head was removed. Union progressed satisfactorily; and two months after the operation the wires were removed, when union was found complete. The patient recovered with three inches of shortening, and has resumed his occupation as a sailor. The author of the paper considered that, whilst contact of the opposing surfaces of the bone was thus maintained by the wire, by encircling the bones with them, and not passing them through the bone structure, the risk of an excessive or prolonged inflammatory action was avoided. After union was complete, some minute portions of bone were exfoliated. Two years after the operation the wound remained soundly healed, and but little inconvenience from the shortening was experienced by the patient in the exercise of his duties as a sailor.

The Treatment of Spina Bifida by Injection of Iodo-Glycerine Solution.

BY WILLIAM BERRY, L.R.C.P., ED., WIGAN.

After enumerating the different modes of treatment that have been employed, together with a few remarks on the coverings and contents of the sac, the author briefly reported the results of two cases he had treated after the manner recommended by Dr. Morton, of Glasgow. In concluding, Mr. Berry pointed out that little or no fluid should be drawn from the sac previously to the injection, with the exception of what is taken at the preliminary tapping, and, also, that two, or at most three, tappings and injections are sufficient, if sufficient interval be allowed for absorption to take place.

Extirpation of the Lachrymal Gland in Obstruction of the Nasal Duct.

BY EDWYN ANDREW, M.D., SHREWSBURY.

In long-standing bad cases of nasal obstruction, with great muco-purulent discharge, extirpation of the gland was recommended as the best, if not the only, means of curing the disease. The incision should be made through the skin and subjacent structures at the outer and upper front of the angle of the orbit, close to its margin, the gland felt for, and removed by a hook and curved scissors. The edge of the wound should be brought together by sutures, and a drainage tube introduced at its most dependent part. Some swelling and impairment of the movements of the lid remained for about a month; the discharge gradually lessened, and generally ceased in about eight weeks, when the cure was complete.

The Transfusion of Blood in Obstetrical Practice.

BY DR. J. R. ROUSSEL, OF GENEVA.

In this paper the author said that the indispensable conditions of a good transfusion were the following: 1. The transfused blood should be from a similar origin to the blood to which it is added, *i. e.*, blood from man to man, and venous blood into veins. 2. It should continue to be vital and unaltered in its most intimate composition, in its corpuscles, fibrin, gases, density, temperature, and movements; not having been subjected to contact with the air, its germs and dust, or any other materials, such as metals, glass, ivory, sulphuretted india-rubber, etc. 3. Its quantity and the velocity of the flow should be entirely under the control of the operator. 4. The whole operation should be simple, rapid, and without any danger to either subject. Dr. Roussel then described his apparatus for immediate transfusion.

Dr. Martin (Berlin) advised transfusion of pure human blood. He could not countenance the use of defibrinated blood, or of any not human. Transfusion was performed, as a rule, at too late a stage to save the patient; he advised that anæmic vomiting should not be waited for, but that as soon as the pulse became very weak and irregular, and a tendency to fainting appeared, after the loss of a large quantity of blood, the operation should be at once resorted to. He showed the apparatus used by his father, which consisted of a simple glass syringe and a long thin elastic canula, and advised simplicity of apparatus.

Dr. Atthill (Dublin) was in doubt as to the value of transfusion in all the cases in which it was practiced. He had had three cases at his hospital: one died, one recovered. He

thought that in some the patient might have done better without it. Of the two unsuccessful cases, in one harm seemed to be done, for, after the injection of ten ounces of defibrinated blood (without the pulse improving at all), the patient complained of great pain in her side, and died in great agony in an hour and a half. He was in favor of using defibrinated blood, as there would be then less danger of embolism. He showed Dr. R. McDonnell's instrument, which consisted of a glass receiver and a long elastic tube, at the end of which was a canula. With this he thought there was no danger of air entering, and that there was no need for hurry, as the blood, by keeping up its temperature, could be kept out of the body for as long as half an hour.

Investigation of the Interior of the Uterus by the Carbolized Hand at Long Intervals after Delivery.

BY J. MATTHEWS DUNCAN, M.D., EDINBURGH.

A case of severe septicæmia was narrated, in which the operation was performed with success. It was done on the fourth day after delivery, and a patch of fetid chorionic membrane removed from the fundus uteri. The alarming symptoms were at once removed. The case was followed by historical remarks bearing on the proposed operation, as well as by physiological, pathological and experimental details, in illustration of its feasibility.

Dr. Braxton Hicks said that he had passed his hand into the uterus a month after delivery.

The President deprecated rashness in the matter; he thought that the idea might be made use of in cases of retained membranes after abortion.

Dr. Graily Hewitt did not agree with Dr. Duncan as to spasmodic contraction of the uterus; there was no spasm; only the upper part of the uterus being filled, it could not contract when the lower part did.

Mr. Carson (Liverpool) had introduced his hand into the uterus nine days after delivery, to remove a firmly adherent portion of placenta.

Dr. Henry Bennet (London) thought that most of the cases of difficulty of removing membranes, and of rigidity of the uterus, were the result of pathological conditions present before pregnancy. He advised that in all these cases the uterus should be examined two months after delivery.

Fœtal Therapeutics.

BY ALFRED H. M'CLINTOCK, M.D., DUBLIN.

The object of this paper was to defend and strengthen the proposition that medicines given to the mother for some considerable period of pregnancy can produce beneficial effects on the fœtus. The author touched briefly (time not permitting him to do more) on the experiments which have been made to test the possibility of any direct transmission to the child *in utero* of drugs administered to the mother, and which experiments seem to have determined this question in the affirmative. This result is corroborated by the fact that many diseases, *e. g.*, variola, syphilis, scarlatina, etc., though contracted by the mother at varying periods subsequently to impregnation, may, nevertheless, affect the offspring of such impregnation, He alluded to cases in America, where hypodermic injections of morphia and of atropine, given to the woman during labor or pregnancy, were considered, and with every appearance of truth, to have injuriously affected the fœtus *in utero*. He cited the experience of Simpson with regard to the good effects of chlorate of potash in cases where the fœtus dies *in utero* at the sixth, seventh, or eighth month, from what Simpson called placental phthisis. He also cited the experience of Dr. Thorburn as to the influence of chlorate of potash, chloral, nux vomica and iron upon the fœtus, when administered to the gravid woman. Lastly, the author described the results of his own experience in cases of women prematurely giving birth to dead children; and recommended, for the purpose of saving the life of the fœtus, a combination of chlorate of potash and the tincture of the perchloride of iron, given in pretty large doses, for several weeks during the latter half of gestation. In his hands this combination had been signally successful in saving the life of the fœtus, and consequently in prolonging gestation to the full term. He related several instances where women, who had previously borne one, two, three, and, in one remarkable case, nine dead children, went to the full time when treated on the plan he recommended, and who gave birth to living children. In one of these cases the treatment was omitted in the succeeding pregnancy, and the child was lost. He also mentioned four cases he had under treatment, and who were then in the last month, and had daily consciousness of the vitality and vigor of the child, by the frequent and ofttimes unpleasant activity of its movements. Dr. McClintock ended his paper by very briefly summing up the heads of evidence in support of the possibility and reasonableness of therapeutic treatment of the fœtus, whether we admit or deny that the medicines directly act upon the fœtus. 1. It is a well-known fact that diseases, *e. g.*, syphilis, small-pox, scarlatina, ague, etc., contracted by the pregnant woman, may be communicated to the fœtus she is carrying. 2. Careful investigations have demonstrated that various drugs given to the pregnant woman may reach the fœtus, and be found in its blood or secretions. 3. Clinical observations establish the fact that therapeutical effects on the fœtus *in utero* follow the administration of various medicines, when given to the mother for a sufficient length of time. Dr. Darby (Bray) mentioned a case in which there was a history of the husband having suffered from syphilis; there were fourteen dead children born in succession; but the mother, during her fifteenth pregnancy, having taken a course of bichloride of mercury, the child was born alive. Dr. Nunn (Savannah) related a case, in which the mother taking

strychnia, the child was born with tetanic spasms. Dr. Thorburn (Manchester) remarked that it was to the general practitioners of the country that we should have to look for the further elucidation of this subject. He mentioned a case in which iron, administered to the mother, had a darkening effect on the hair of the child.

Latent Gonorrhœa as an Impediment to Marriage.

BY J. THORBURN, M. D., MANCHESTER.

The author reminded the meeting of a remarkable paper, written by Dr. Noeggerath, of New York, in 1872. This paper assumed that gonorrhœa in the male is rarely, if ever, cured, but remains in a latent form; that this latent form is nearly always communicated, after marriage, to their wives, producing in them sterility, abortion, and constant liability to uterine and pelvic inflammations; 80 per cent. of all men were also stated to be in this position previous to marriage. Dr. Thorburn then referred to the way in which these opinions had been more or less accepted by subsequent writers on gynecology. Denying this possibility, he appealed to the statistics of eighty-one private families, carefully collected by him. He showed that there had been 33 per cent. of male gonorrhœic infections previous to marriage, twenty-six in all; and, taking all the cases of abortion, sterility, uterine and pelvic inflammations, and living births that had occurred in these eighty-one families, he showed conclusively that there was the merest fractional difference in their proportion between the previously and not previously infected classes. As regards inflammatory pelvic affections, the balance was fractional in favor of the free gonorrhœic cases. The conclusion was that the *latente gonorrhoe* of Noeggerath is mythical, and is not, as it otherwise would be, an imperative barrier to marriage.

Treatment of Uterine Flexions by the Intra-Uterine Stem.

BY THOMAS CHAMBERS, F.R.C.P., LONDON.

The paper contained a narrative of cases treated by the author, and set forth the class of cases adapted for the stem, the mode of operating, and the after treatment. The chief objections to the stem treatment were severally examined and refuted. He said there were two difficulties from which women suffering from uterine flexion sought to be relieved—pain and sterility. Pain divided the sufferers into two classes: those in which the pain is present during the period only, and those in which it is continued through the interval as well. The special treatment adapted for each class was set forth. The author divides the cervical canal on both sides, including the internal as well as the external os uteri, with a Simpson's hysterotome, and places the stem in position at once. This plan was more satisfactory in its results, was a saving of time to the operator, and gave less pain to the patient. The operation was easy, simple, and safe, if carefully performed; and the stem might be worn for two or three months, or longer. He gave particulars of one case where the stem was worn six months with very great benefit. He had treated fifty-three cases; some had been cases of great anxiety, but none were fatal. Dr. H. Bennett felt bound to state that his whole experience was antagonistic to the doctrines and treatment recorded in the paper read. The uterus enlarged under the influence of every physiological or pathological excitation, from the presence of an ovum, of a tumor, of any form of irritation or inflammation. On removal of the exciting influence, its tendency was to fine down. In retroversion, invariably connected with increased volume and weight, all that was necessary was to remove the cause, and to wait. Time was an important factor in uterine therapeutics. Results rapidly obtained were not to be depended upon. Patients should be kept for a length of time under observation, and should be seen and examined at intervals. There was now a craze for the displacement theories of morbid uterine phenomena, and for their treatment by mechanical means. Every winter, in the south of Europe, he picked out pessaries from the vaginæ of a large number of women, married and unmarried; these women had been sent abroad to travel (many of them with young husbands), much to their detriment.

Drainage in Ovariotomy.

BY G. G. BANTOCK, M.D., LONDON.

The author was much opposed to drainage through the vagina; he was in favor of drainage through the abdominal wall. He would insert the drainage tube whenever there were any large adhesions from which there might be oozing, or in any case where there was inflammatory change in the cyst. Mr. Spencer Wells hoped and thought there will be found some way of draining the lower part of the pelvis; at present, in spite of all care, discharges sometimes collect in that spot. Previously he had said, in reference to the drainage tube, "In cases of doubt, do not use the tube." Now he would say, "In cases of doubt, use the tube." Fluid should come away at once.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Post-mortem Imbibition of Poisons, more especially in its Medico-legal Relations. By John J. Reese, M. D. Extracted from the Transactions of the College of Physicians, of Philadelphia.

The article was elicited by reason of a question proposed by a correspondent of the *Medical Times*, "Whether the embalming a dead body by means of a solution of arsenic injected

into the arteries might not be the means of arresting the arm of justice in a case where the death had been occasioned by poisoning with arsenic?" The opinion prevalent before the time of Orfila, that the contamination of a dead body by arsenic in the soil of a cemetery was quite possible, he believes to be erroneous, on account of the insoluble state of the metal in the earth; but the impregnation of a body by intentional means is a question not so easily disposed of. In fact, he thinks it not only a possible thing, but also quite an easy act, for the poison, being introduced into the stomach or blood vessels, may permeate the body generally, by osmosis. An interesting history of a case of this character is related, in which, although arsenic was found in the liver and stomach, yet, from the fact that the liver was broken down, and that no yellow sulphide of arsenic was found, as well as from circumstantial evidence, "the defence planted itself firmly on the ground that the poison had been designedly introduced into the body." The case was abandoned by the prosecution after the preliminary hearing.

Dr. McCracken's late experiments upon dogs are cited as a corroboration of his view of the question.

——Infantile Therapeutics. By John A. Larrabee, M. D. A paper read before the Kentucky State Medical Society.

The opening paragraphs of this excellent little monograph of fourteen pages are concerning "Nourishment of Infants," and the statement is made that "during the early months and years of childhood attention to diet forms the principal part of practice in infantile diseases." He strongly urges the mother to nurse her offspring, and is of the opinion that the instances are few when the mother is unable, and this inability, with proper effort, could often be obviated. He would not debar an infant suffering with inherited syphilis from the breast, but would rather embrace the opportunity as a favorable one to treat both mother and child. He would like to rank the artificial feeding of infants as a crime next to fœtal murder, if it is possible for the mother to nurse her offspring. Cow's milk should not have common sugar added to it, but lactine, or sugar of milk, and the addition of "granum" is advised, to separate the casein, and to act mechanically in the prevention of cheesy masses. The cold bath is denounced, unless used to arouse in asphyxia, coma, etc. The mercurials, in doses smaller than formerly used, he considers of great value. Unfermented malt occupies a prominent place in his remedies. He uses it with happy results in convalescence from the ordinary fevers, tuberculosis, continued cough of pertussis, and in all diseases of mal-nutrition. He is of the opinion that quinine has pushed other valuable bitter tonics too much from the field. Crow's bill and logwood are his astringents; the wine of ipecac his emetic; digitalis the cardiac stimulant; aconite the cardiac sedative; conium the spinal sedative. Salicylic acid is lauded as an anti-rheumatic and anti-neuralgic remedy. Jaborandi is used for dropsies depending upon kidney disease; and ergot is employed in congestion of brain and spinal cord, and in catarrhal and mucous diseases. Chloral hydrate is favorably spoken of, but must be used with caution in convulsions depending upon exhaustion.

The remarks upon quinine show much practical wisdom, but are too lengthy to condense within the limits of a notice already sufficiently extended. If more of our monographs circulated such sound, practical knowledge, the profession, no doubt, would be thankful.

——Communications of the Rhode Island Medical Society, for the years 1876–77. Vol. I, containing an article on diphtheria, by Walter E. Anthony, M.D.; also the Act of Incorporation of the Rhode Island Medical Society; together with the By-Laws, as amended June 13th, 1877, and list of members.

BOOK NOTICES.

Medical Reform. By David Hunt, M D., Boston, Mass. pp. 50. A. Williams & Co., Boston.

This is the title of a neatly bound and printed book of fifty pages. The evolution of medical doctrines is traced from Paracelsus, who is considered "the great medical reformer, the Luther of the healing art." The light in which he places this man, more commonly called the Father of Quacks than a "Medical Luther," is far different from what we have usually been taught, and that which is described in English and American biographical sketches of his character. The modern German medical historians steadfastly maintain that he deserves an eminent position among the leaders of the healing art. It is claimed that he founded

modern chemistry; that he had a "brave, original and independent spirit;" that it was he who gave such a severe blow to the scholasticism of his day, and that he was a great healer. The author then leads us up the centuries, showing how Ursuline, Fallopius, Sylvius, Von Helmont, Harvey, Des Cartes, Glisson, Stohl, Haller, Cullen, Bichat, and a host of others, whose names are as familiar to scientists as household words, effected changes in medical ideas and practice.

He shows us that the number of homœopathic physicians in any country is in exact proportion to the degree of culture of that country. "Spain, Russia, and America have more powerful and larger bodies of homœopathic physicians than Germany and England.

He is of the opinion, contrary to that of Professor John W. Draper, that America has done but little for science, and conceives the reason to be due to political and social causes; and his remarks upon some of the evils of American life are worthy of careful thought. "Socially, the lack of arbitrary distinctions has naturally led us to place great value upon the external indications of social superiority," and yet, he thinks, "there is but little in American social life to foster an undue pride in ourselves." We are considered as given to "empty, showy form," to "vulgar, open affectation of class superiority." Here culture is abused, refinement distorted; and the nation has abandoned itself to a stupid, flaunting mimicry of that mode of Parisian life that makes French culture blush for its own capital.

The question, shall negroes ride in the cars, sleep in hotels, etc., would be met with amazement in Austria and France. Of equal "social nicety" is the Jew question, "that agitates the city of Fisk and Tweed." Such things in connection with our political experiments are considered the cause of our slowness to advance science. The views of the author in regard to the influence of the practical achievements accomplished by man in the last century, upon religion and education, will not be endorsed by every one. Whether the "old doctrine of special designs" has been so greatly shattered by science is questionable. We believe, with Joseph Parker, of London, that there are many who rejoice in the progress of true science, but refuse to be made into chemical laboratories, or to be ticketed as so much animated carbon or salt; and that the world is ready to accept the uncertainties of evolution carried to such extremes as the rejection of special designs is doubtful. Neither do we believe that religion and science are antagonistic. Le Comte says: "I have all my life sought, with passionate ardor, the truth revealed in the one book (Nature), but I cling no less passionately to the hopes revealed in the other." He does not consider this to put him in a position of prejudice, but he believes that the intense interest and love of the truths revealed in both books is the only condition of a rational view of their mutual relations. How different is this from the sentiment of our author, who declares, "no faith can dominate where highest culture in philosophy and science is sought." The writer evidently is an evolutionist; so are we, but not carried to the extent of an absurdity.

In speaking of American practitioners, he says we have thus far produced no specimen of the highest grades—no Hunter or Virchow. Good men, practical men we have, but none to whom the profession "is mainly or only of interest as furnishing material for observation and comparison." Specialties are chosen because the honors are easier. Hospital and college connections are sought to gain consultations, and a respectable means of advertising.

School reforms are now noticed. Length of term of study alone is of no benefit under a vicious system of study. He agrees with Huxley, "that members of the medical profession should be able to do exactly what the public give them credit for being able to do." He asks; "how many graduates were examined as to their capabilities of discovering traces of the alkaloids in mixtures containing organic substances, while they are unable to relieve or even diagnosticate with exactitude a simple otorrhœa, keratitis, or eczema." "The teachers," he says, "are employed; but if they do not teach, to what good are they appointed." To condense the author's ideas of reform, he believes: "an earnest, honest attempt at reform of the methods of teaching, and a thorough adjustment and arrangement of the subjects taught in our medical schools would be far better than extending the time of study. The aim of medical education should be to form a good observer, not a well crammed graduate. It is better to fit the student to select from the mass of medical literature of the day, than to incite him to attempt an acquaintance with it all.

THE

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PREMIUMS AND INDUCEMEMTS.

From and after the first of October we are offering to all *new subscribers* the REPORTER for *fifteen* months (October 1, 1877, to January 1, 1879) for *five dollars*, one year's subscription price.

That our old subscribers may also receive an equally liberal offer, we make them the following proposition.—

Any old subscriber who will send us one new subscriber to the REPORTER, remitting ten dollars to cover the two subscriptions, will receive the Physician's Daily Pocket Record for 1878, or the Half-Yearly Compendium for 1878, *gratis*, as he may prefer.

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THE RELATION OF SANITARY SCIENCE TO A PHYSICIAN'S BUSINESS.

Never in medical history has such activity been displayed in sanitary science as of late years, and the question may very naturally arise in the profession, is this intense energy toward the prevention of disease and the attainment of a higher status of health antagonistic to the temporal welfare of the physician? Is it that, as the years roll on, the doctor is to be less and less in demand, and the profession so barren of remuneration that a wholesale exodus from its ranks will be caused? And will it suggest to the aspirant for a medical degree the propriety of choosing another vocation?

Every right-thinking physician recognizes his duty to attempt to erect a barrier against the encroachments of disease, and to disseminate among his patrons and the public at large rules pertaining to the development of the body and mind.

It is usually admitted that the physician must be above expecting riches as his reward; that his chief pay is in the smiles, the thanks, and the blessings of mankind; that his life's work is to combat sickness and to prevent untimely death. We must not forget, however, that many of the instincts and passions of human nature burn as strongly in his bosom as in the rest of the plodding world. He desires for his wife comfort and ease; for his children education; and no matter how much he may have succeeded in lifting himself above sordid, groveling desires, such feelings cannot, ought not be repressed.

Even in such men it is quite probable the question arises, What will be the effect of sanitary science upon my business? It is likely that as he works with hands, heart and soul, toward the upbuilding of a noble system of sanitary laws, he wonders whether his sources of gaining means of meeting these instincts and desires, or even of an humble sustenance, are being undermined.

If the answer were, that such is the tendency

of hygiene, yet we have such faith in the nobility and disinterestedness of many members of the medical profession, that there is no question in our minds but that if they knew that woe and misery were to be checked, a stimulus, and not a damper, would be applied to their exertions.

Now and then we read an obituary of a physician who, throughout life, refused superfluous comforts, bearing with the coarsest fare and humblest life, devoting all his faculties and strength to the sick of both the rich and poor alike. Hundreds of such unwritten histories have existed, and do exist to-day.

Notwithstanding the peculiar and unselfish nature of the medical profession, it is not unfair to look the question stated fully in the face, and especially as we believe the answer is such that it will serve only to strengthen the hands and cheer the heart of the physician in his work of disease prevention.

In the first place, hygiene, for generations to come, will only produce a bettering of our condition; and in no wise may we hope for an infallible check to disease. There is no doubt "that if a perfect system of hygiene existed, if our knowledge were exact, and our means of application adequate, we should see a human being in his perfect beauty," and the practice of medicine, in its therapeutical aspect, a superfluity. We believe with Parkes, however, "that the last disease will disappear only when man is perfect," and whether the world is to see such a consummation, no man can say; and it is only that hope does in some measure grow as the ages roll on.

Hygiene has made many notable and noble successes in years gone by; it has decreased the number and virulence of scourges, and prolonged the duration of life; and yet the profession of to-day is no weaker. Centuries have passed since the great fire in London taught the people the practical truth that such an awful visitation as the plague was not the infliction of a revengeful Providence, but the direct result of neglect or ignorance of the laws of health. Accordingly, by greater attention to food, air and cleanliness, London, with its immense population, now flourishes in comparative security.

Modern science bids fair to protect us from the scourge of small-pox. Drainage, building better houses, choosing better sites for a home, and obtaining better food and warmer clothing, have given to ague, in many places where it once was a scourge, a death blow.

While formerly maritime expeditions were often attended with much sickness and frightful mortality, now they are accomplished with but little illness and few or no deaths. The same improvement has been carried into prisons, workhouses and hospitals; into the army and navy; into the church and school-room.

With this bettering of the race, this arrest of evils, are the allurements of the profession any less? The crowded ranks and the overflowing colleges of medicine would seem to answer to the contrary.

The march of sanitary law, then, is so slow, and is so little affecting the standing and construction of the medical profession, that no danger is to be feared of its harming the physician's business.

This, however, is rather an unsatisfactory and unjust way of looking at the subject. Is it simply a question of time? Is the practice of medicine safe, simply because the onward progress of hygiene is slow? Under the present system of things, hygiene can be naught else than a physician's best handmaid, an adjuvant stronger than drugs. It is probably the scheme of Providence that man shall not be healthy; that diseases of mind and of body may be the cross he has to bear; or it may be the evil against which he has to struggle, and "whose shackles he is finally to unloose." Such being the case, the doctor remains a necessity, and the laws of health are but weapons that he uses, with his therapeutics, in the relief of suffering humanity. Every advancement of sani-

tary science may weaken therapeutics, but not medicine as a profession. This applies to the general cultivation of hygiene among the masses as well as in the profession. "Were the intelligent classes of society," says an English writer, "better acquainted with the functions of the human body, and the laws by which they are regulated, the sources of much suffering would be dried up, and the happiness of the community at large be essentially promoted. Medical men would no longer be consulted so exclusively for the cure of disease, but would also be called upon to advise regarding the best means of strengthening the constitution, from an early period, against any accidental or hereditary susceptibility which might be ascertained to exist. More attention would be paid to the preservation of health than is at present practicable, and the medical man would then be able to advise with increased effect, because he would be proportionably well understood, and his counsel, in so far, at least, as it was based on accurate observation and a right application of principles, would be perceived to be, not a mere human opinion, but, in reality, an exposition of the will and intentions of a beneficent Creator."

What physician is there who would not choose to practice in a family well informed concerning medical and hygienic matters, rather than among those who persist in wearing a charm of assafœtida about the neck, and applying onion poultices to the feet? In the one he finds intelligent coöperation; in the other often inquisitive, meddlesome, nonsensical, ignorant officiousness. The one considers careful watching and hygienic direction of equal value with therapeutics; the other demands a panacea, until today the materia medica is full of placebos, to meet the expectations of these medically uninformed.

These two classes are not divided by the line used by the social world. The rich are often wofully ignorant of the majority of the laws of health, and are completely at sea in a sick room. The physician often finds his most intelligent and coöperative families in the middle or humble walks of life. All this is to show us that hygiene is one of the strongest resources of the physician; and it most certainly teaches us that we should strive to widen its scope, to diffuse its doctrines, to embrace every opportunity to inculcate its rules. It shows us also the value of institutions devoted to the dissemination of scientific and medical knowledge among the public. The fruitage of all this will be in favor of the regular profession. Ignorance and quackery are twins; and the more light there is given to the public upon science and medicine, the more is the darkness of quackery chased away.

Notes and Comments.

Interesting Physiological Experiments.

At a recent scientific meeting, Professor Ludwig gave a description of some work which had been done in the Physiological Laboratory of Leipzig, under his direction.

1. *Effects of Transfusion as compared with Feeding with Albuminous Bodies.*—The experiments showed that if blood were transfused from one animal (dog) into the vessels of another animal of the same species, the latter animal after a few hours became very hungry, and required food to be given it to sustain it; while, if the fibrin obtained from the same amount of blood were given by the mouth, the animal was properly nourished.

2. *Effects of Ligature of both Thoracic Ducts in the Dog.*—When this operation, a difficult one, was performed, and the dogs recovered, a curious state resulted. The receptaculum chyli burst; the chyle was extravasated into the surrounding parts; and the lower quarters and legs of the dogs became quite puffy and, to all appearance, œdematous. But this swelling was caused by the chyle, which found its way under the fasciæ of the muscles and gravitated toward the limbs; a fatty œdema being thus produced.

3. *Feeding Dogs with Sugar, Fatty Matter, and Albumen.*—(*a*) If a dog were fed with sugar, no trace of it was to be found in the portal vein, or even in the small intestine; none was found in the chyle. It seems, therefore, that sugar is very rapidly decomposed in

the intestine. (*b*) In dogs fed with fatty matters, the chyle from the thoracic duct, on being analyzed during digestion, yielded 13 per cent. of fat, whilst the amount usually obtained is given at 4 per cent. (*c*) In feeding with milk, even twenty-four hours after the meal milk is to be found in the stomach; and it seems that the albuminous and other constituents of the milk are only passed on in small amounts into the duodenum; and this, it was suggested, was probably regulated by some reflex mechanism.

Is it Wicked to be Clean?

The editor of the *Medical Press and Circular* clinches an argument on the Acts for the prevention of the spread of venereal diseases with the following unanswerable argument:—

We cannot recognize as a valid reason the desirability of permitting the propagation of venereal as a penalty upon prostitution. We might as reasonably maintain that typhoid fever should be cultivated as a tax upon dirt, or gonorrheal ophthalmia as a penalty upon undue amativeness. We should like to see the subject discussed without the intervention of this or the religious argument. Can the would-be repealers of the Acts really disprove the statement that their effect is to stamp out syphilis? If not, they may, we think, spare the profession the argument of the question on sentimental grounds.

On Real and Mental Hydrophobia.

Some years ago it was strongly maintained, among others by Dr. Whitaker, of Cincinnati (we believe), that hydrophobia may take place without inoculation. A variety called "mental hydrophobia," occurring without poisonous infection, is described in some English journals. An experienced veterinary surgeon, however, Mr. George Fleming, writes:—

Hydrophobia is largely on the increase in this country, owing to causes which we need not here specify, and none of the deaths, so far as I can ascertain, have been of persons who were not inoculated with the saliva of an animal susceptible of rabies. Mental hydrophobia could surely occur without the intervention of a rabid animal. Mental anxiety may lead to an earlier development of the disease after inoculation, but not always. I have known of many persons wounded by really rabid dogs, who suffered months of miserable torture and suspense, but did not become hydrophobic. I have myself been inoculated and kept in an unhappy state for a long time.

My opinion, therefore, is, that real hydrophobia is not a mental disease any more than is tetanus, but is a specific, inoculable malady, which we can produce at will and experimentally, in a certain percentage of animals purposely inoculated with the saliva of a rabid animal. There is a *pseudo*-hydrophobia, but I have never known it to be fatal, and the symptoms are widely different. It is produced merely by fear, and can be readily allayed by tact and judicious management. Real hydrophobia is always fatal.

Hints on Horse-shoeing.

A writer in the *Southern Medical Record* justly says that although this is not a medical topic, yet medical practitioners, more, perhaps, than any other class, need to know how a horse should be shod.

The length of time a shoe should be worn will, of course, depend upon the kind of work the horse is doing, and the sort of roads over which he travels.

In four to six weeks the hoof will have grown too large for the shoe, which will press inward upon the soft parts of the foot, and the horse will become lame. Before this occurs the shoe should be reset, or a new pair put on. As a general rule a saddle horse will ride better without corks on his shoes. The shoe should be made to fit the foot, and not the foot the shoe. It should rest firmly and uniformly upon the outer rim of the hoof, so as to require little or no dubbing off of the hoof by the rasp. Three nails on a side are enough, to be driven in with such inclination as to come out at a point about one and a half inches above, and yet so shallow as not to touch the quick. To know how to do this properly the smith must study the anatomy of the horse's foot. A small, tough nail, made to fit tightly the hole in the shoe, should be used, otherwise the shoe will soon become loose.

The frog in the foot may be lightly trimmed, so as to remove any jagged portions, but should not be cut or rasped off, as is usually done. It is somewhat elastic in structure, and is evidently designed to lessen concussion and divide the pressure upon the foot. The hoof should not be burned in fitting the shoe, as is commonly done. Unless your smith is very trustworthy, it is well to stand by and see your horse shod.

Correspondence.

Uterinoscopy.

Ed. Med. and Surg. Reporter:—

On account of the difficulties of diagnosing the different presentations by the sense of touch, and errors that frequently occur, I am led to suggest another mode, that I hope may assist, or, at any rate, enable the young doctor to distinguish the mouth from the anus. Hence I conceived the idea of using a uterinoscope, upon the same principle as the laryngoscope. The difficulties in using a uterinoscope during labor arise, first, from the collections of the uterine and vaginal secretions upon the mirror; second, to keep the walls of the vagina open, in order to insure the transmission of light upon the vaginal mirror. To prevent the secretions from collecting upon the mirror, I would suggest the use of a sponge and syringe to cleanse and wash out the vagina, and by elevating the patient's hips, or by placing her in the genu-pectoral position, so that the secretions will gravitate toward the fundus of the womb, we may effectually prevent their collection upon the mirror; and to keep the walls of the vagina separated I would advise the use of a vaginal dilator, or probably Sims' speculum. By using a small mirror, with the handle curved to suit the curve of Carus, with a wire running through a groove in the handle, and attached, one end to the mirror, the other terminating in a knob at the end of the handle, and by pushing the knob backward or forward, we may place the mirror in any angle that is required. I see no reason why we should not be able to look into the cavity of the womb while its mouth is dilated, after the membranes have ruptured, as well as into the trachea.

John M. White, m. d.

Pleasant Ridge, Ala.

Incompatible.

Ed. Med. and Surg. Reporter:—

Iron and arsenic is such a favorite combination with the profession that the writer is induced to call their attention to a case in which the combination, frequently of late prescribed, is, doubtless, entirely incompatible. He refers here to that of dialyzed iron with Fowler's solution. It is well established that this preparation is a solution of ferric hydrate, in water, containing the minimum per cent. of ferric chloride to produce a permanent solution. Now, when the alkaline solution of arsenic is brought into contact with a well-prepared dialyzed iron, a gelatinous precipitate of ferric peroxyhydrate is the result. We know this oxide of iron, especially when freshly precipitated, is one of the best antidotes for arsenic, producing an inert arseniate of iron. Therefore, if the effect of the solution of arsenic and iron is desired in this recipe, it is undoubtedly the truth to say it is a failure, for they are incompatible; but if arseniate of iron and peroxide of iron is desired—which the writer does not believe—then the expectation of the physician will be realized.

Philadelphia. L. E. Sayre.

Puerperal Eclampsia.

Ed. Med. and Surg. Reporter:—

I wish to report a case in your journal, and gain some information, or an answer from some of your readers.

Mrs. A., aged seventeen, very ruddy and stout, gave birth to a healthy female child, being attended by an old lady of the neighborhood. Two hours after the child was born she had a violent fit; this was followed by two more, half an hour apart. They then sent for me, in great haste. It was five miles into the country, and when I arrived I found her quiet, but suffering from a violent headache, which she had been having for twelve hours. Gave her half a drachm of bromide of potassium, together with one grain of morphia, and left two half-drachm doses of bromide to be given, one in an hour, and the other the next morning. Her husband came to town the next day to tell me that she was all right. She had no more fits. Two years before she had an abortion, at five months, which was followed by a dozen fits, and recovered without any medical treatment. I pronounced them puerperal convulsions, from hyperæmia of the brain. This woman was not subject to fits of any kind, and I would like to ask if Dr. R. L. Moore, of Spring Valley, Minn., calls it a case of *real* puerperal eclampsia?

E. G. Carpenter, m d.

East Greenwich, R. I.

News and Miscellany.

Chinese Opium Smoking.

The Chinese Government has passed a permissive edict calling upon the governors of the various provinces to suppress the indulgence of opium smoking. A prolonged notice of three years from the present date is given before the edict comes into force. It remains to be seen how far an edict of the Government is capable of supressing a vice so deeply rooted in the Chinese nation as that of opium smoking.

Infant Mortality in Norway.

The mortality of new-born infants in Norway is, on an average, 11 per cent., while everywhere else it has been 15 to 20 per cent.; and it has always been less for female than for male infants. The small mortality is claimed to be due to the fact that the women in all classes of society always suckle their infants during the first year, and very often much longer.

The Yellow Fever at Fernandina.

We note the following telegrams:—

Jacksonville, Fla., September 20.—There were seven deaths from yellow fever to day in Fernandina, all white persons. Dr. Palmer is in a very critical condition. Fifteen new cases were reported to-day. Heavy rains for the past two days have caused an increase in the mortality. The weather to-night is very cool and stormy.

A contribution of $300 from the Maritime Association of New York was received to-day, also contributions from Gainesville, Jacksonville and other points. Fifteen nurses have gone from here.

The large increase in the number of cases of yellow fever at Fernandina, and the increasing mortality, render contributions in money badly needed. It is hoped the North will respond to their appeal for help.

Military Surgery in the Turkish War.

A correspondent, writing from the Schipka Pass, says:—During the fighting, I spent some time with the surgeons working in the most advanced positions, and should like to bear testimony to their admirable devotion to duty and their skilled dexterity. In their eagerness to assist the wounded, the Russian surgeons somehow neglect the axiom that their quarters should be in a sheltered spot; but, indeed, on all the ridge it was hard to find a sheltered spot. The Turkish bullets whistled over and through the little group. Indeed, one patient received a fresh wound while the earlier one was being dressed; but the surgeons pursued their duties with a noble courage and disregard of risk. Their kind attention to the wounded, and their attention to trifles, such as supplying water, laving burning faces, and administering restoratives, filled me with admiration.

The correspondent of the *Daily News*, who was present at, and reported, the battle of Plevna, telegraphing from Bucharest, under date of 17th instant, says the Russian medical staff is overwhelmed, and great numbers of wounded are literally rotting and festering, being uncared for. As for the Roumanian army, its surgical arrangements are utterly inadequate. The surgeons make no concealment of the fact that a wounded man's time for being looked at comes, on an average, two days after he has been struck.

Personal.

—Dr. Homer Judd, D.D.S., resumes the editorial of the *Missouri Dental Journal*, assisted by W. H. Eames, D.D.S. The Dental Profession will welcome these names to the title-page of the journal which they graced so worthily for many years.

—Dr. Joseph D. Bryant has been appointed lecturer on general and descriptive surgical anatomy, at Bellevue Hospital College, in place of the late Prof. A. B. Crosby.

Items.

—The American Public Health Association held its fifth annual meeting in Chicago, Sept. 23d to 25th. A very interesting meeting took place.

—The Medical Society of Virginia will convene in Library Hall, corner of Bollingbrook and Sycamore streets, in the city of Petersburg, Va., at 7½ P. M., Tuesday, October 23d, 1878.

—Robert McClure, a veterinary surgeon, has been convicted, in this city, of selling bogus diplomas of a defunct veterinary college, which, as its president testified, had not been in existence for the last fifteen years.

—The European health resorts have been crowded this year. The London *World* of September 5th announces no fewer than 40,000 visitors at Wiesbaden; 20,000 at Baden, despite the withdrawal of the gambling-tables; 14,000 at Aix-la-Chapelle; more than 11,000 at Ems, and 10,000 at Pyrmont The lowest on the list in Germany is little Rewahl, with 44 guests. The French springs and seaside resorts are equally thriving, and more visitors are reported by the *Epoca* at the Spanish resorts than ever before.

—A writer in the *Fortnigtly Review* says that the cat is more sensitive to rarefied air than any other animal organism. Attemps to acclimatize it at Potosi, Bolivia, 13,000 feet above the sea, have failed. It has remarkable tetanic fits, beginning like St. Vitus' dance, and after spasms, in which it leaps, violently up the side of a house, dies in convulsions. Cats born 7300 feet above the sea are deaf.

—In the *Revue de Therapeutique Medico-Chirurgicale* mention is made of a death having occurred from attempts to dilate a narrowed os uteri by means of sponge tents. Peritoneal effusion, and an abscess containing an ounce and a-half of pus beside the neck of the uterus, were found *post-mortom*.

—Since the famine began in India, it is estimated that 500,000 people have died of want and distress.

—Milk taverns are strenuously advocated in Great Britain.

MARRIED.

Bill—Stickland.—At Twin Lake, Wis., Sept. 15, 1877, by Rev. R. C. Parsons, D. B. J. Bill, of Genoa, Wis., and Miss Sarah Stickland, of Randall, Wis.

Carder—Shrader.—On the 12th of September, 1877, by Rev. Mr. Creg, J. B Carder, M.D., of Garden Grove, Iowa, and Miss S. Adelia, daughter of Prof. Shrader, M D., of Iowa City, Iowa.

Kendall—Williams.—At the residence of Mrs. Page, in Prescott, Arizona, July 24th, 1877, Dr. George D. Kendall, formerly of Cincinnati, Ohio, and Miss Nellie Williams, of Prescott.

DEATHS.

Payne.—Dr. Nettleton H. Payne died in Hannibal, Mo., July 27th, aged 42 years.

Tuttle.—In Barnet, Vermont, August 8th, Dr. S. Tuttle, aged 80 years.

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THE
MEDICAL AND SURGICAL REPORTER.

No. 1075.] PHILADELPHIA, OCT. 6, 1877. [Vol. XXXVII.—No. 14.

Original Department.

Communications.

SHALL THE SPREAD OF SYPHILITIC POISON BE PREVENTED?

BY G. B. H. SWAYZE, M.D.,
Of Philadelphia.

One hundred and eighty-six papers on the subject of venereal diseases alone, besides numerous monographs and complete works, according to the *Archives of Dermatology*, were published during the past year. This statement bears its own commentary, viz., the serious gravity of syphilitic diseases, their widespread prevalence, and the earnest attention these diseases now elicit among medical men in certain quarters.

Special studies of this subject are seldom made, however, except by physicians conversant with special centres of the evil; but their labors are not always as fruitful as could be desired. We have many reasons for believing that careful, extended investigation of the many grave results of venereal infection enlists the attention of but a small proportion of people; hence, the presumable reason that down to the present time so little has been accomplished for the extinction of this contagion. An occasional patient complaining of a gonorrheal discharge or a chancre; the adoption of some authenticated line of treatment for the removal of existing symptoms; perhaps a few jests about "wild oats" and "burnt districts;" and a laudable consideration of the patient's ability and disposition to remunerate for services rendered, constitute the principal phases assumed by this subject in the experience of even a large proportion of the medical profession. The expanding and never ceasing diffusion of the syphilitic poison through every grade of society; the transmissibility of this poison and its effects from the unclean to the clean, from the guilty to the innocent, from the husband to the wife, from parent to child, from generation to successive generations; the facility of the communication of the virus by sexual contact, from one man to a number of women, from one woman to a larger number of men, from parents to offspring, from the babe's mouth to the nipple of the nurse, from the nipple of the nurse to the mouths of other babes, from the hand of the midwife to the woman she delivers, from the vagina of the woman in labor to the hand of her physician, from the use of pipes used by syphilitic smokers, from the use of towel or dishcloth handled by the infected, from the carelessness of diseased cooks and waiters, from the kiss of the diseased nurse upon the lips of babes, from the lips of diseased men to the lips of daughters of most worthy parents; and the indestructibility of the poison, its tenacious clinging to the human system, its resistance of treatment for radical cure, its propensity of development into multiplied forms of diseased conditions from which no portion of the body is exempt, its special proneness to canker the comforts and joys of life, from the birth to the grave; all these terrible considerations make but superficial impress upon the minds and consciences of many, and never shorten for them a single night's rest by an hour's loss of sleep. Most of our professional brethren are highly respected, Christian citizens, alive to the importance of many good works, nevertheless,

the fact that nearly two millions* of the population of our country are now infected with the poison of syphilis arrests but a momentary attention.

When small-pox, cholera, or other malignant contagions assail a district or city, the medical profession and the people unite to combat their progress. With laudable unanimity all classes of society, including municipal authorities, rally to the protection and defence of endangered life. No question is raised nor time lost in contending about the moral aspects of any enlightened propositions to throw rational, even legally arbitrary, barriers between the infection of the diseased and the safety of the well. No Christian conscience is shocked at the closing of schools and churches for the prevention of the spread of contagion. No good man or woman denounces, as coverts for impurity, hospitals opened by legislative enactments for the relief and cure of the infected. If any person engage, through any motive or from any cause, in the indiscriminate disposal of poisons that endanger and destroy health and life, all classes unite in invocations of legal restraints upon the obnoxious agencies, without wasting time in stickling over untenable issues in regard to special legislation. If the thief or the assassin, from any cause whatever, stealthily invade the homes of our citizens, no right thinking mind will contend that the law should not assume the right to defend both property and life from the encroachments of the despoiler. If the sin of drunkenness operate as a scourge upon society; if it increase the number of feeble-minded and idiotic children born into the world to endure dark and distorted lives; if it result in augmented production of brain disease and insanity; what truly good and philanthropic man or woman would raise a voice against the establishment by law of asylums or hospitals, where the distempered inebriate may be placed under medical supervision and treatment; where the insane may be restrained from endangering their fellow creatures; where a shield of protection may be raised for the innocent and unsuspecting? What man or woman would be willing to admit that it was sound Christian reasoning to maintain that the disastrous effects of drunkenness upon the inebriate, the family, society, and State, are but the just and retributive judgments that God has wisely appended as punishments for violations of His righteous laws, and, therefore, any legislative enactments having for their object the controlling or regulating of the traffic in intoxicating drinks, the restraining of the habitue of the dram-shops from injuring his fellow man, the arrest of the intoxicated man or woman upon the street when known to be there as a factor of danger and immorality, and the establishment of asylums for the relief of the sufferings of the inebriate, and the cure of his diseased habit—what Christian reasoner would maintain that such laws are unjust in their discriminations on the one hand, or pander to the vicious interests of the wrong-doer on the other!

Now, in syphilitic contagion, society is assailed with an infection immensely more terrible in its results than small-pox or cholera. In syphilitic infection society is contaminated with a poison more certainly obnoxious to physical and moral health than arsenic or strychnia, and, by parental transmission, is incomparably more disastrous upon the blood and lives of innocent offspring. In syphilitic infection the world has a secret and resistless enemy worse than the stealthy thief and the midnight assassin, as the despoiler of the beauty, vigor, and nobility of the race. In syphilitic infection humanity endures a scourge coequal with that of drunkenness, in its results upon all the conditions and interests that make life valuable, happy and grand. Nevertheless, no united, powerful, determined, man-worthy, and God-worthy effort is interposed to arrest the ravages of this destroyer, to subjugate this disguised but fatal enemy, to extinguish in every possible manner its polluting existence, and to raise every available shield of protection between it and the sanctities of the home, the welfare of society, and the innocent helplessness of future posterity. Is it not time we arouse? For what and for whom are we waiting? Whose duty is it to perform duty for us? To whom shall the forty millions of our population look for enlightenment and deliverance, if not to us? Why is it, that during all these years this poison of syphilis has been permitted to carry on its dark work of death, and, as Dr. Sims recently declared, "the subject is rarely mentioned in polite circles, even by medical men, and then only in whispers?" It is because the consideration of this subject brings us face to face with that of prostitution. It is because the element of fear has made us slaves to the fos-

* Prof. Gross, 1874.

silized notions of a popular prejudice arising from the ignorance and superstitions of past ages. It is because we have permitted ourselves to be cowards, instead of rising to the full dignity of physicians who realize all the grandeur of philanthropic duty, and dare to perform it.

THE EXTENT OF PROSTITUTION.

That prostitution exists to an enormous extent, an extent greater than is supposed by the mass of the moral classes, is a fact all too true. Like an enemy that lurks in ambush, and prowls under cover of darkness, this evil propagates within the shadows of Christian churches, and presses itself against the very thresholds of the virtuous and pure. Sustained by sacrifices of honor, fed by the lusts of passion, attended by the evil genii of dissipation, dissimulation and remorse, with pollution and wretchedness following in its train, it is an object from which pure minds and clean hands instinctively shrink. Nevertheless, affecting to ignore its presence, folding our hands in self-righteous complacency, turning our backs upon its repulsiveness, do not change the fact of the aggressive existence of prostitution, nor excuse us for surrendering to its sway all the scope and liberty it craves.

Full statistics of the number of prostitutes in the United States, whose haunts are nests of syphilitic infection, have never been made; but approximative statistics in a few of the great centres of the evil throw sufficient light upon the subject for present purposes. It is now estimated there are 12,000 prostitutes in New York city. A writer on this subject affirmed, seven years ago, that there were then not less than 100,000 harlots in the United States. An intelligent mercantile traveler recently stated to the writer that it was his opinion that more "social rottenness" exists in the city of Boston than in any other American city. Philadelphia, Baltimore, Washington and San Francisco are at this hour reeking with syphilitic pollution from prostitution. A day spent in the syphilitic wards of our hospitals reveal shocking truths, of which general society seldom dreams. Dr. Sims, last year, stated, in his Inaugural Address to the American Medical Association, that 25,000 cases of venereal disease are annually registered in the out-patient department of Guy's hospital, and that upward of 100,000 of the poor in London affected with syphilis annually apply at the hospitals for relief. About 10,000 cases of venereal diseases are annually treated in the public institutions of New York; to say nothing of those who seek private advice. It is authoritatively estimated that 30,000 males are daily infected with venereal poison in the large cities of the United States, a large proportion of whom are residents of inland towns, whither they return to spread the contagion.

The statistics of hospitals, however, reveal but a proportion even of the cases among the poor—the subjects of charity; while nearly all cases among those in better circumstances never report at these institutions. In the lower grade of brothels, where licentiousness and intemperance revel hand in hand, the consequences are of the gravest nature. As a result of wicked associations, and to drown the reproving voice of conscience, the lower orders of courtesans speedily take to strong drink, which but augments their recklessness in regard to both the reception and distribution of syphilitic infection, and they spread the disease far and wide, as fast as they can find customers to convey it.

Street-walkers are largely of this class. And when men from respectable circles in the country visit cities, and are on the *qui vive* for "city sights," the novelty of the attractions of these alluring *nymph-du-pave* exerts an unresisted influence upon them, and they are readily victimized, to their life-long regret. In five cases out of ten, men from the country who visit these fallen women carry home with them the seeds of a disease which is sooner or later imparted to others—too often to their wives and children, and from which these must suffer as long as life lasts. Young men, often mere youths, who are inclined to be "fast," visit the large city, cohabit with diseased courtesans, return home with passions abnormally roused by their new experiences, seek new sources of gratification, possibly by seduction of unsuspecting girls or easy-yielding characters in towns or rural districts, and impart to them the poison that no medicine will ever eradicate. From seduction it is but a step —and a short one—to prostitution; and thus, throughout our land, in every town and hamlet, prostitution has been developed, and is constantly spreading broadcast the poison of syphilis. Among the higher grades of the *demi-monde* there exists also a high ratio of dis-

ease, as well as among private prostitutes, kept mistresses, and frequenters of houses of assignation. Stimulants and narcotics are freely indulged in by nearly all inmates of houses of ill-fame, the tendencies of which are to dull the sense of caution, and, sooner or later, each becomes a victim of infection, and visits upon many of our better classes of society a sad retaliation.

THE NATURE OF THE DISEASES.

Were the injuries of syphilitic infection limited to unity of lesion or location, its effects would somewhat resemble those of other poisons, but its invasion is confined to no special region of the human organization. It feeds the seed-germs of scrofula in their direst forms. It develops in spleen, liver and lungs, incurable diseases. It silences the hearing, robs the eye of its sight, invades the brain, crumbles the teeth, perforates the throat, consumes the nose, denudes the scalp, pollutes the skin of the whole body, and perpetuates these scourges through the blood of successive generations, who are unjustly compelled to accept and endure inheritances of wretchedness.

These are the natural fruits of prostitution. Nevertheless, cohorts of opposition have been rallied, and volleys of denunciations have been uttered, against any attempt to place the regulating and restraining hand of sound and wholesome law upon the practice of prostitution in this country. Without doubt Professor Gross has correctly affirmed that what is called scrofula, struma, or tuberculosis, is, in a majority of cases, remote syphilis, and runs the same course of transmitted deterioration. Another writer premises the tripod that "syphilis is own cousin of scrofula; it is the offspring of scrofula; and, in turn, becomes the mother of scrofula;" and he forcibly adds, "the dens of harlotry are the hot-beds in which venereal diseases are generated, and are not limited to mere agencies for their dissemination."

OPINIONS RELATIVE TO PROSTITUTION.

But there is another phase of the subject that here deserves special notice; the evidently abused opinion that prostitution is a necessary evil. Perhaps it is due to this tacitly-accepted impression, as much as to any other cause, that the pernicious sway of this evil has so long accomplished its terrible work almost unmolested. It has been under the genial, hazy moonshine of this implied assent of public sentiment, that the destructive tendencies of prostitution have acquired their gigantic proportions.

It has been truly stated that prostitution has existed in all ages of the world. So have drunkenness, theft and murder; but that is not a ground upon which to justify these evils, nor a reason why the restraining arm of the law should withhold its interposition.

It is also doubtless true that prostitution will continue to exist throughout all time. So will drunkenness and murder; but that is not a reason why men and women should not exercise restraints upon their baser passions, instead of sacrificing themselves and the interests of society by indulging in drunkenness and assassination. The bare fact that prostitution ever has and ever will maintain an existence in the world, but strengthens the necessity for faithfully maintaining all the restraints that can be properly brought to bear upon its existence. It has frequently been affirmed that were prostitution entirely abolished there would be no safety to virtuous women. To prevent mischief, such a statement should be always guarded with careful qualifications, and understood accordingly. We are free to admit that in many men, as in some women, the sexual passion is powerfully, possibly morbidly, developed. But the amative passion was evidently implanted for the purpose of founding the family and perpetuating the race. If the amative impulse draws men to women, it is a logical inference that if men did not prostitute their manhood they would more frequently support wives in honorable wedlock, instead of dishonorably squandering their competence in the support of harlotry.

THE CAUSES OF PROSTITUTION.

In our consideration of prostitution, we should not overlook the causes, for, to some extent, upon the cause depends the cure. The natural prostitute is "one to the manor born." She may have been the offspring of vice, reared and schooled in vice, or easily inured to its practice by favoring conditions. Vanity, love of dress, propensity to idleness, fondness for intrigue, wayward restlessness of spirit, and defective parental influence, are all prominent predisposing causes, which, by easy paths, lead to an abandoned life. But there are other causes that present a sadder aspect. Unhappy marriages, and marriages to neglectful, thrift-

less men, sometimes so harden the heart and cripple the prosperity as to cause women to yield themselves vassals of dishonor to the ephemeral congenialities of those to whom they are not bound, and with whom they can exchange license for gold and what gold will procure. To this class of women the doors of houses of assignation and brothels open as gateways to moral and physical destruction, through which it is easy to pass in but one direction, and that the downward. Sometimes the wives of improvident husbands, finding family cares irksome, piqued by limited means, and other disappointments, and having the sterling principles of heroic virtue but feebly developed, find it a convenient diversion to forsake the narrow path of duty for the broad one of immorality. Injudicious influence in the training of daughters by cold and unsympathizing parents, often blunts their moral perceptions, hardens them in regard to consequences, and develops in them stubborn tendencies to lives of vice. Among the causes of prostitution are "unfortunate attachments." A considerable number of the "women of the town" were first forsaken by faithless betrayers, and indignant relatives; possibly, they escaped from the scorn of their friends, to rid themselves of illegitimate pregnancy, in the concealment of some city institution, and were never again restored to the society of early life.

A prolific cause of prostitution is the insufficient compensation paid for many kinds of labor. Physicians in the country have inadequate conception of the strain of brain and body that thousands of women and girls in large cities are compelled to sustain for bare subsistence. With a haunting ambition to appear as well dressed and as comfortably circumstanced as others, numbers forsake the poor pay and rigid discipline of factories and clothing houses, for the easier life of cyprian pleasures.

In New York there are forty thousand women dependent on their needles. They each day can barely earn enough to meet each day's necessities. Throw this army of needy women out of employment for a single month, with rent to pay, fuel to buy, food to provide, often children or others to support, and who can compute the resulting suffering? There are at this moment hundreds of women obtaining at assignation houses and brothels the means to supply their children at home with food and clothing.

ADJUNCTS OF PROSTITUTION.

A fearful adjunct of prostitution is the production and dissemination of obscene literature. Illustrated books of the vilest character, circulars, pictures, photographs, transparent cards, trinkets, and implements of sexual defilement—the abominable offspring and appliances of bawdy-house immorality—have been annually clandestinely scattered over our country, through the mails, by the ton.

Our citizens who have under consideration ways for the suppression of this adroit enemy of purity realize that moral suasion is powerless for good in this direction; that to dally with this plague is dalliance with the devil; that the intervention of law is imperatively required for the protection of the sons and daughters of our households. Now, why should a morally poisonous adjunct of prostitution be suppressed by law, while the poison of its physical contagion is left to breed disease and death on every side? Why should good people commend the invocation of legal restraints upon the spread of the poisonous literature of obscenity, and affect a holy horror of exercising legal restraints upon the spread of the poisonous contagion of obscenity?

PREVENTIVES THAT HAVE BEEN EMPLOYED.

What has been done to counteract the spread of syphilitic diseases? Technically, a great deal; practically and really, almost nothing.

Something has been done for the prevention of venereal diseases by the Midnight Missions and Magdalen Societies; truly worthy institutions, engaged in reclaiming women who pursue vice as a vocation. Several of these institutions exist in Philadelphia. One has been in operation over seventy-five years. They are free retreats, affording shelter and home, and Christian instruction, to fallen women; where these women may be instructed in useful industry, and find aid in securing situations when there are satisfactory evidences of reform. Viewed in the light of individual reformations, a great work is being accomplished by these beneficent institutions; but viewed in the shadow of the masses of women in a state of prostitution, their benefits are quite imperceptible. Could the Midnight Missions reach the masses of Magdalens, our path to relief from

the diseases of prostitution would be direct and short. But such is not the case. Nevertheless, apostles of the mission plan are strenuously opposing other and more direct measures that must reach the masses of the fallen, carrying not only to them relief from suffering, but also preventing untold suffering in others. The total number of women admitted into the Magdalen Home in Philadelphia in 1876, was 21; the number admitted into the Midnight Mission was 46; the number admitted into the Rosine Home was about the same. Mayor Stokley's Chief, who has given the subject twelve years' study, estimates that there are in this city 10,000 women supported by prostitution, and 5000 more drifting into the same condition. The amount of disease that will be spread by the infected of this great number, compared with the amount prevented by the work of the Missions can scarcely be estimated.

(To be Continued.)

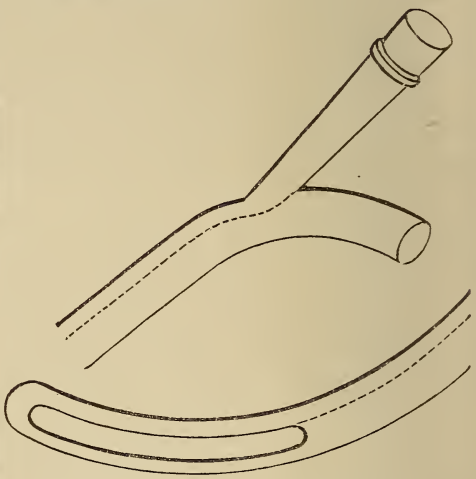
AN IMPROVED MODIFICATION OF THE "DOUBLE CATHETER," "TROCAR AND CANULA."

BY PHILIP LEIDY, M.D.,
Of Philadelphia.

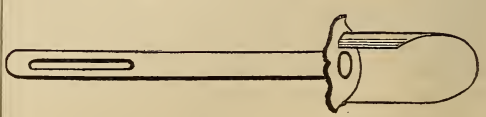
Having experienced much difficulty in obtaining the satisfactory results which are desirable in the injecting and rinsing out of the bladder, by means of the double catheter as ordinarily used, in the many diseases incident thereto, on account of the viscid and tenacious character of the contents, not passing through the small opening at the sides of the instrument, I was induced, in a case in which there was more than ordinary difficulty from the addition of coagulated blood, to substitute an opening in each side, of an inch and a half in length, after which I had no difficulty. Believing that an instrument could be made with such openings without weakening its integrity, I gave directions to Levi Helmbold, instrument maker, to make a metallic double catheter, of the ordinary size and length (No. 7, as adopted by Savigny), with the openings or fenestra at the sides, to within one-quarter of an inch from the vesical extremity, of one and a half inches long, and one-eighth of an inch wide. The lower canula is two-thirds the size of the canula of the single ordinary catheter, No. 7, thereby giving the outlet for the contents of the bladder the advantage of the (larger) passage.

The instrument as ordered was satisfactory, being firm, and light in weight, the size of canula and openings affording free communication with the bladder. It further relieves the operator of the mortification of failure, as well as great pain, discouragement, and loss of confidence, by the patient, from the frequent introduction and withdrawal of instruments, and the bungling expedients resorted to for his relief.

The following wood-cut shows the double catheter as modified.



I have also devised a modification of the ordinary trocar and canula, simple in itself as the former, though important and useful. Most physicians have met with the annoyances etc., of the canula becoming blocked up by omentum or intestine, as well as by the fluid itself being sometimes of such a viscid character that it will not flow through, in case of tapping. To obviate such annoying results, I have had made an ordinary-sized trocar and canula, with the openings at the sides similar to those made in the double catheter. The results have been similarly satisfactory. The following represents the instrument as modified.



In referring to the above modifications of

instruments, the old style of which has been in use since the early days of our art, I claim nothing original. Like modifications may have, under similar necessity, been made by others, but I was not aware of them, and thought by making them public I might assist some of my brethren to whom they may also be unknown.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF H. C. WOOD, JR., M. D.,

Clinical Professor of Nervous Diseases in the Hospital of the University of Pennsylvania.

(Reported Expressly for the MEDICAL AND SURGICAL REPORTER.)

Epilepsy.

I bring before you, to-day, a boy that has been brought here from a distance, by his mother, for the purpose of finding out what is the matter with him. You see that he is at present sleeping very heavily; bringing him up here from the ward has not disturbed him. It requires, indeed, quite violent and continued shaking to arouse him. He had a severe paroxysm about thirty minutes ago, and this is the condition in which it has left him; a state of deep, heavy sleep. His mother tells us, upon inquiry, that he has been affected in this way for the last four months or so. During that time he has never passed a week without an attack of greater or less severity. When the attack comes on the first symptom noticed is an extreme pallor of the face, followed by redness, loss of consciousness and rigidity, and then the attack passes away for the time being, and leaves the patient utterly overpowered by sleep. He had, as I have said, a convulsion half an hour ago, and the resident physician was able to notice the exact character of the symptoms; first pallor, then redness, then efforts to fall down, prevented by rigidity, with frothing at the mouth. On questioning his mother I was enabled to find out that the boy has had one or more convulsions when a baby, during dentition. On one or two occasions, lately, the attacks have been of a much more pronounced character, resembling true epileptic convulsions.

First, then, as to the nature of the attacks; are they epileptiform or not? are they idiopathic epilepsy, or epilepsy dependent upon some local point of irritation. There has not been any exposure to the sun; the attacks came on late in May, before the intense heat. The mother states that she knows of no injury lately, or, indeed, ever, received by the boy. We know that worms in the alimentary canal are occasionally the cause of attacks which closely simulate those of epilepsy. The round worm in particular, and also the tapeworm, by the local irritation they cause, will give rise to just such attacks, yet these instances are rare. The mother says that when the boy takes worm medicines his condition is temporarily improved. The worm medicines, you know, are often combined with purgatives, which always relieve epileptic symptoms. The patient has not been long enough in the Hospital to have the fæces examined for worms; moreover, I think it exceedingly likely that in his case the relief was afforded by the purgation effected. Epilepsy is always worse when the bowels are torpid; of course, if worms are the cause of the convulsions, they will very soon show themselves, and must be gotten rid of by the use of the proper anthelmintics.

I know an instance in which a tapeworm proved to be the cause of fierce pain in the temple.

In epilepsy, as in the present case, the first symptom is always an intense pallor, very brief in duration, and frequently overlooked. No one can simulate the initial intense pallor of the epileptic convulsion, while the succeeding redness of the visage can be very easily produced by excessive muscular effort. Accompanying the redness of the face in epilepsy is a furious muscular activity.

This boy has had one or two well-marked epileptic convulsions. In petit mal, one of the most obstinate forms of epilepsy, a peculiar symptom is the sudden stoppage of the patient in the middle of a sentence, which, in a moment, is again taken up and concluded. This momentary loss of consciousness may be exceedingly slight; the sentence is picked up exactly where it was dropped. As a proof of this strange psychological necessity, the case is reported of a boy who was just about to take a bite out of a piece of pie when attacked. The first thing he did on recovery was to complete the projected act. If the attack is more severe, and the loss of consciousness longer, the patient may fall down.

This boy does not fall. Once, when out fishing, on a log, two feet wide, he had an attack, but did not fall, and so was saved from drowning. As an illustration of the apparent steadying of the nerves in some cases of epilepsy, may be mentioned the case of an architect, who would run over the most giddy places when under the influence of an attack.

As regards treatment, of course an anthelmintic must be administered where there is a possibility of intestinal worms. As a general rule of treatment in epilepsy all the exciting causes of an attack should be avoided, such as mental excitement, over-eating, indigestible articles of diet. In this case the mother tells me that the free ingestion of milk or pie brings on an attack. As concerns medicinal agents, the bromides are of especial value. The bromides, however, are only controlling remedies; they rarely cure epilepsy, but only moderate. In a fresh case the chances of effecting a complete cure are, of course, greater than where the disease has been one of long standing. It is said that most of the brilliant cures effected by

the use of the bromides are in cases where the attacks are frequent rather than in those in which they only come on after long intervals. In all cases, as a general thing, the free use of the bromides will reduce greatly the number of the attacks. Give at the beginning from twenty to sixty grains thrice daily, and increase the size of the doses until either the paroxysms stop or bromism makes its appearance. Some of the unfortunate results of bromism are mental hebetude, stupidity, acne on the face, back and breast, constant sleepiness, and finally, perhaps, complete abrogation of the sexual power.

Tetanus.

This is the same man that I lectured on last week; a case of pronounced tetanic seizure. He has been entirely relieved of his severe symptoms by treatment, but is still in a semi-stupid condition; whether this condition be the consequence of exhaustion, or the effect of the large doses of choral and the bromides, or be due to an effusion into his brain, I cannot yet with certainty say. The patient, as you can see, has improved wonderfully under nourishing diet and medicinal treatment. The cerebral congestion has been much reduced by the application of blisters to the nape of the neck.

Now I shall take this opportunity to speak to you at some length on the proper treatment of tetanus. In treating any disease, the first step should always be to find out exactly what you want to do. You must study with care the dangers of the disease in question; try to discover whether the complaint be self-limited or not. Tetanus has not a definite course to run, and it should, therefore, be possible to control or shorten it. How does tetanus kill a patient? There are generally two ways in which death occurs; either from stoppage of respiration, caused by general tetanic spasm, stiffening and contracting the diaphragm and restricting the chest walls, or, more usually, from the profound exhaustion brought on. The contracted muscles of the jaws and throat interfere, too, with alimentation, and hasten the fatal result. To come down to the bottom facts, then, in the generality of instances the inability to take food leaves the enormous convulsive wear and tear of the muscles unprovided against. The all-important treatment of tetanus, therefore, resolves itself into careful and prompt nourishment of the patient. The feeding must be systematic, and must be carried on at short intervals, every two or three hours during day and night, unless the patient is able to sleep, in which case the interval may be lengthened to four hours during the night. In severe cases solid food must be avoided; the mere effort to swallow may produce a fit; and then you can readily imagine how serious would be the immediate result should the convulsion surprise the patient with a large bolus of food in the throat. We must, therefore, rely on liquid food. Milk is by far the best routine diet. Beef tea and beef essence may afford excellent temporary stimulus, but they neither of them possess much staying power. In addition to milk, raw or pulped meat, farinaceous foods, soaked crackers and bread, etc., may be employed. I think very highly of pulped meat. Take a piece of good, juicy beef, out of the rump, lay it on a bread board and scrape it thoroughly with a knife. In this way all the pulp of the meat is extracted and the indigestible fibre left behind. The results of the scraping may be given in the form of croquets, or mixed with brandy and sugar. Be sure, too, that you don't tell your patient that you are giving him raw meat; otherwise you may have difficulty in getting him to take it. Then, absolute quiet is always necessary. Every paroxysm is a period of intense work, and so rest is peculiarly demanded. Nobody must be allowed to come into the room, and the nurse must wear carpet slippers, and do no talking. The room, too, had better be darkened. As regards medical treatment, alcohol must be given in nutritive doses, not as a stimulant; therefore, give it in small quantities with the food, in milk, or in the shape of raw eggs beaten up with wine. Among drugs there is scarcely any remedy which has not been used, and I have no doubt but that some physicians think they are all about alike in value; I am satisfied, however, that proper treatment is productive of good. Some patients, indeed, will get well and some will die, treat them as you may. There is, however, a residuum of cases which proper treatment at the proper time will save. In choosing our remedies, then, what do we want? Evidently something that will lessen the motor action of the spinal cord, allay undue sensibility, and force sleep. I use, in their due place, six drugs; chloroform, ether, opium, nitrite of amyl, the bromides, and cannabis indica. The homœopaths have recommended strychnia, but, as might be expected, it only increases the spasms. Some have used belladonna, but I think that as a stimulant of the spinal cord it does harm. In protracted cases, of course, the remedies have to be changed from time to time. Three of those I have mentioned are brief, and rapid in their action; viz.: chloroform, ether and nitrite of amyl. Their effects pass off very quickly. As the spinal cord is continually irritated in tetanus, you would have to administer nitrite of amyl every five or ten minutes to get any lasting effect. The verdict is, of course, against any such improper use of the drug. Its only proper use is to get a temporary effect in very severe cases. Therefore, don't employ it as the main treatment, but only as an auxiliary. So, too, with chloroform and ether. Chloral and the bromides are the best known depresso-motors. It is often very useful to combine several remedies in your treatment of the disease; you must, however, not give them all at the same time. I would advise something like the following plan: Bring the patient well under the influence of the bromide of potassium, by an initial dose of half an ounce, followed by half a drachm every three or four hours. Then, to

obtain sleep at night, administer, at bedtime, thirty grains of chloral with some opium. Nitrite of amyl should be employed from time to time, to stop violent spasms. If bromism comes on you may substitute cannabis indica for the bromides; be sure, however, that you employ a trustworthy preparation of that drug. A great deal has been said and written concerning the so-called *traumatic* treatment in this disease, in the shape of blisters applied along the spine. This seems to me like adding a new peripheral irritation to one already existing there. A blister on the nape of the neck is of great value in reducing cerebral congestion. But I am really afraid of the heroic treatment. Some, too, have highly advised the continued application of ice to the whole length of the spine. I doubt whether even the steady use of ice will affect the spinal cord. I have made some experiments myself, to test the penetrability of cold applications to the external surface of the body. The application of ice to the head of a cat, for example, will affect perceptibly the base of the brain, but the mass of bone and muscle which covers the spinal cord precludes, as I should think, the possibility of any profound impression of cold there. With respect to nerve stretching, which has also been tried, I am not a believer. If, indeed, a nerve be constricted in a mass of cicatricial tissue, it would be perfectly right to cut down upon the constricted part and free it; in other cases I should be in fear of a severe neuritis being set up by the operation.

The man who is before you has had no spasm for a week, and is now entirely rational, with but slight mental hebetude, and very little delirium during sleep. I attribute this result mainly to the blister, medical treatment, and systematic feeding at short intervals. His mind has been always clearer after a blister to the neck has begun to draw

Medical Societies.

AMERICAN DERMATOLOGICAL ASSOCIATION.

The first annual meeting of the American Dermatological Association was held at Niagara Falls, the sessions extending over September 4th, 5th and 6th.

The annual address was delivered by the President, Dr. James C. White, Professor of Dermatology in Harvard University. The subject of the address related to the progress of dermatology in the United States. Beginning with a sketch of the earliest rise of the specialty, twenty-five years ago, the speaker traced its progress, slow at first, but more rapid of late years, until at present every considerable medical school affords special instruction in this branch of medicine, and there exist several professorships of dermatology in the larger medical colleges. The mutual relations between the dermatological specialist and the medical profession at large were also touched upon. The whole discourse was most interesting, and constitutes a valuable contribution to the history of medicine in this country.

Following the President's address, a number of papers were read on subjects connected with dermatology, all of which were of interest, and some of high scientific value. A paper by Dr. A. Brooks, of Chicago, on "Acute Conditions of Disease Excited by Iodide of Potassium," * gave rise to some remarks, by various members of the Association, on the physiological effects of this agent as occasionally observed.

Dr. Taylor remarked that he had observed pains in the joints occasionally, even when small doses of iodide of potassium were being administered. He had not noticed that production of fever, as mentioned by Dr. Brooks, even where large doses of the iodide had been given, and even pemphigus had been produced. He would make a practical remark in reference to the prevention of these pains (which are diurnal and not nocturnal), and that was that tincture of colchicum and tincture of hyoscyamus, combined with small doses of the iodide of potassium, would obviate them. Occasionally it is necessary to use camphorated oil, or some warming application externally. The joint trouble is sometimes poly-articular, sometimes monarticular.

Dr. Bulkley remarked on the enormous doses of the iodide occasionally given in the West. He knew of one physician who had prescribed the enormous amount of half a ton in a single year.

Dr. Taylor said the average dose in New York is ten grains three times a day. He had given as much as an ounce and a half daily, and had kept this up for some time without bad result.

Dr. Atkinson said he had given two drachms three times a day for a month, in nervous syphilis, and had noticed no bad result, excepting perhaps nasal catarrh.

Dr. Taylor said patients would tolerate an ounce and a half daily and grow fat on it, the only physiological result being increased urination. He mentioned a case of nodes, where fourteen drachms daily were administered; nothing less would give the patient relief at night. He thought that in similar cases the addition of bromide of potassium, one drachm to seven of the iodide, would be of advantage.

Dr. Atkinson said, with reference to the effect of the iodide upon the kidneys, that he had only observed albuminous urine in two cases. He questioned whether the kidney trouble in these cases might not have arisen from the syphilitic disease.

Dr. Duhring regretted that the writer of the paper under discussion had not given attention

* The discussion of this paper, though bearing only indirectly upon dermatology, has been thought worthy of record as giving the views of several distinguished American dermatologists and syphilologists on the effects of this important drug. Dr. Brooks' paper was not accepted by the Association, on account of its "having no direct bearing on dermatology."

to the subject of eruptions due to iodide of potassium. He alluded to a case which had come under his notice a short time ago, and which he had reported at some length.* In this case the eruption, confined for the most part to the hands and fore-arms, consisted in large vesicles presenting an appearance not unlike the dysidrosis of Tilbury Fox.

Dr. Hyde said that Dr. Brooks had told him he had prescribed as much as one thousand grains of the iodide of potassium daily. He (Dr. H.) had never gone above four and a half drachms daily. He would ask Dr. Taylor whether, in his opinion, that late form of iritis occasionally observed in syphilis might not be analogous with, and due to, a similar cause as the hydrarthrosis mentioned.

Dr. Taylor said, in reply to Dr. Hyde, that he had not intended to assert the existence of hydrarthrosis, but merely erythema of the articular surfaces. He thought this might be the same process as erythema of the face, sometimes observed under similar circumstances.

Dr. Hardaway said he had had under his care a patient in whom urticaria, followed by the formation of blebs containing bloody serum, supervened upon the ingestion of iodide of potassium.

Dr. Bulkley, of New York, read a paper "On the Eczema Marginatum of Hebra (tinea tricophytina cruris), as observed in America," giving notes of a number of cases, with treatment. This curious disease, first described by Hebra as an independent affection, is now generally classed as a form of ringworm, tinea, circinata, or tricophytina. It occurs usually upon contiguous parts of the scrotum and thigh, and is liable to be confounded with eczema and erythema of the same locality. The treatment recommended by Dr. Bulkley comprised the use of parasiticides, particularly sulphurous acid, employed in various degrees of dilution. The disease is sometimes very rebellious to treatment, and is apt to relapse.

The discussion which followed the reading of this paper was taken part in by a number of the members of the Association, some of Dr. Bulkley's propositions failing to gain the consent of all present.

Dr. Heitzmann did not think the use of sulphurous acid necessary; he had frequently seen the disease cured within six days by the use of Wilkinson's ointment.†

Dr. Duhring said he had found the disease less severe in this country than abroad, and usually succeeded in getting rid of the affection by the use of washes of dilute sulphurous acid or solutions of the sulphite of sodium.

Dr. Van Harlingen, of Philadelphia, read a paper on "The Pathology of Seborrhœa."

Dr. Fox, of New York, read a paper "On Molluscum Contagiosum," giving notes of a number of cases of this affection, and discussing its nature.

In the discussion which followed the reading of Dr. Fox's paper, Dr. Heitzmann said he had had an opportunity of examining specimens from two cases of molluscum contagiosum, and he had observed in each case the glistening bodies described by Virchow and Biesiadecki. He (Dr. H.) believed these to be the centre of contagion. He had observed cases in which the molluscous tumor was surrounded by smaller tumors. He denied, as had Dr. Fox, the essentially contagious character of the disease. He believed it due, like condyloma accuminata, and possibly warts, to the irritation of sensitive skin.

The President asked Dr. Fox what treatment he was in the habit of employing.

Dr. Fox, in reply, said that he usually shaved the surface of the little tumors, and applied nitrate of silver.

The President said he had found muriate of ammonia in powder a good application. It might be bored into the cavity of the tumor with a stick, or it might be applied to the previously shaved surface.

Dr. Hardaway said that in the case of ordinary warts he was accustomed to employ electrolysis. He used a battery of ten cells, thrusting the negative pole through the wart, and holding the positive pole in the hand. The procedure was slightly painful.

In answer to a question as to the relative frequence of molluscum contagiosum among the higher, as compared with the lower classes, the President said, that while the affection is, under all circumstances, a rare one, it seems to be almost unknown among the better classes. He (Dr. White) had never seen a case in private practice.

The general experience of the Association coincided with that of the President, with the exception of Dr. Duhring, who had seen several cases among the better class of people.

A paper by Dr. Dyce Duckworth, of London, on "The Treatment of Severe Bed Sores," was then read. The paper contained nothing particularly new or worthy of comment.

Dr. Robert Campbell, of New York, read a paper entitled, "A Case of True Prurigo" (of Hebra). Some discussion on the occurrence of this affection in the United States then took place.

Dr. Hyde, of Chicago, read a paper on "The Immunity of Certain Mothers of Children Affected with Hereditary Syphilis," taking the view of the possibility of a syphilitic child being born to a healthy mother, and supporting this theory with many facts, and with arguments of great ingenuity.

Dr. Heitzmann, of New York, read a paper on "The Relation of Impetigo Herpetiformis to Pemphigus."

Dr. William A. Hardaway, of St. Louis, read a paper entitled, "The Lymphatic Theory

* Reporter, 1877, vol. xxxvii, p. 89.

† Hebra's modification of Wilkinson's ointment is composed as follows:—

R. Sulphuris sublimat.,
Olei cadini, aa. drachm iij
Cretæ preparatæ, drachm ij
Saponis viridis,
Adipis, aa. ounce j. M.

of Syphilitic Infection, with a New View of the Relation Between the Chancre and Chancroid, and Suggestions for the Radical Cure of Syphilis."

Another paper of peculiar value and interest was that of Dr. R. W. Taylor, of New York, on "The Xeroderma of Hebra," seven cases of which have been under the writer's personal observation, being a number equal to all previously recorded.

Dr. Yandell, of Louisville, read a paper on "The Etiology of Cutaneous Diseases."

Dr. Duhring, of Philadelphia, read notes of a "Case of an Undescribed Form of Fragilitas Crinium."

Drs. White and Taylor recalled cases of swelling and fission in the shaft of the hair, quite different, however, from that of Dr. Duhring. Specimens of the affected hairs were displayed under the microscope.

Dr. Bulkley, of New York, read notes of "Two Cases of very late Hereditary Syphilis." Dr. Taylor said he had seen six similar cases. He was inclined to doubt the hereditary character of gummatous lesions occurring after the age of 20. "Hutchinson's teeth" he thought not diagnostic. He was inclined to the opinion that the lesions of late hereditary syphilis would usually be bone lesions.

Dr. Bulkley said, in reply to Dr. Taylor, that late hereditary skin lesions had been reported. He thought the peculiar square forehead a good sign of hereditary syphilis.

The following papers were presented by title. Dr. Wigglesworth, of Boston, "Faulty Innervation as a Factor in Skin Disease, and Autoinoculation of Vegetable Parasites, and their Non-identity." Dr. A. R. Robinson, of New York, "The Pathological Histology of Psoriasis." Dr. R. W. Taylor, of New York, "Affections of the Testicle in Hereditary Syphilis."

The Association then adjourned to meet in Saratoga, on the last Tuesday in August, 1878. The officers of the Association for the ensuing year are as follows. President, Jas. C. White, of Boston. Vice Presidents, L. Duncan Bulkley and Charles Heitzmann, of New York. Secretary, R. W. Taylor, of New York. Treasurer, J. E. Atkinson, of Baltimore. A. V. H.

Editorial Department.

Periscope.

Therapeutic Uses of Pilocarpin.

From some comparative trials which he has made with the internal administration of pilocarpin, Dr. Curschmann believes that the infrequency with which it causes vomiting, as compared with jaborandi, is principally due to its being used hypodermically, and thereby avoiding direct irritation of the stomach. Some persons, especially those who have been weakened by prior disease, complain of a sense of debility, but this usually soon passes off; but in others a complete state of collapse is produced, which may or may not be connected with prior vomiting. The possibility of this occurrence must always be borne in mind. It is dependent upon the amount of the dose and the susceptibility of the individual. It is oftenest met with in women and in those whose strength has been greatly reduced; and when the patient's constitution is not known, the first dose of the medicine should not exceed 0.02, while its effect should be watched for a quarter or half an hour. As far as the trials have gone, pilocarpin does not seem to act dangerously on the subjects of heart disease, and, indeed, can be employed when no other diaphoretic procedure for so long a period would be ventured upon. Indeed, as a therapeutical agent for the production of diaphoresis, it is superior to any other method in use, being more easily employed, while its action is more certain and more complete, without being more, or even so, dangerous as most of these. Its superiority over the various sweating-baths in ascites, hydrothorax, asthma, etc., is most marked. It is true that diaphoretic treatment is thought less of than formerly; but in several cases the difficulty of its application, rather than its inefficacy, is the cause of its not being resorted to. Speaking from his own experience, Dr. Curschmann has found the pilocarpin very useful in œdema, in dropsy of the cavities from heart or lung disease, and in chronic nephritis, etc., and that after diuretic, drastic, and other means have failed. He believes that a large field for its employment may be found in pleurisy accompanied by serous exudation, both in promoting the absorption of this, and in preventing its re-accumulation after paracentesis. It is evidently indicated in chronic rheumatic affections, at least, so far as these are amenable to diaphoretic treatment.

Alcohol Dressings in Wounds of the Scalp.

According to the *Gazette des Hopitaux*, Professor Gosselin, in a recent clinical lecture, called attention to a patient with an extensive contused superficial wound of the scalp, unaccompanied by detachment or denudation. He

did so because it was an example of the rapid healing of such wounds which has been so frequently observed under dressing with pure alcohol, without the development of any diffused or erysipelatous inflammation. The rapid cicatrization that takes place is not the result of healing by the first intention, for the edges of the wound still remain a little apart, while the lips and bottom of the wound give issue to sanguinolent sero-purulent secretion, in no wise resembling good pus. This secretion gradually ceases, and the wound becomes dry without ever having been covered with granulations. This instance is a good example of the cases which have for some time attracted Professor Gosselin's attention, in which wounds are healed by this intermediate mechanism, which is neither immediate cicatrization, nor cicatrization after granulation and suppuration. This mode of cicatrization in wounds of the head especially occurs when these are dressed with pure alcohol, other modes of dressing requiring the formation of granulations for healing. Whatever this dressing may be with regard to other parts of the body, in wounds of the head it seems to be that which gives the patient the most protection from consecutive accidents, and leads to the quickest cicatrization. So treated these wounds have less tendency to inflammation and suppuration, are cured quickly, and are less often attended with erysipelas and phlegmonous inflammation.

When Should a Man who has had Syphilis Marry?

Mr. S. Messenger Bradley writes, in the *Medical Press and Circular*—

An important question is often asked, as to the propriety of marriage, and here the surgeon must guard himself against future accusation of carelessness. In no case should he counsel marriage until a full year has elapsed without any trace whatever of the virus remaining active, and even then he will be wise not to promise more than a probable cure.

The only satisfactory evidence we have, indeed, that syphilis is completely curable, lies in the fact that a patient occasionally contracts the disease twice or more during his life. During the active residence of the virus in the system the patient is, so to speak, syphilis-proof; if he contract a venereal sore, that sore will be a soft chancre, and will not modify the progress of the former attack or itself contaminate the system. It occasionally happens, however, that we meet with an individual who has had two distinctly indurated chancres, each followed by a train of secondary affections, and separated from each other by a period of perfect health. Unfortunately, however, though we can thus confidently speak of the possible eradication of the poison, we have no certain means at our disposal by which we can, with safety for our patient, put this question of eradication to the test.

My own experience leads me to conclude that such cases are the exception, and not the rule, and that in the majority of cases no such immunity is met with. Both the initial lesion and the first secondary afford important evidence in forming a prognosis. If the chancre be a typical soft sore, unaccompanied throughout its course with any basal induration, and associated with the enlargement of but a single inguinal gland, which may or may not suppurate, it is almost certain that the systemic infection will never take place, and therefore, that the virus will be entirely eliminated through the channels of the chancre and the bubo. If, again, the initial lesion be associated with slight basal induration, which soon becomes absorbed, and if, following this, a mild roseola appears toward the third month, the prognosis is very favorable, and a cure may be confidently anticipated. When, on the other hand, much hardness exists at the base, or when the sore becomes serpiginous or phagedenic, and very slow and difficult to heal, and, above all, when such a chancre is followed by a pustular eruption of secondaries, the prognosis is much more unfavorable. The disease will surely prove serious and obstinate, liable to recur, and may perhaps exist, in some measure, throughout the rest of life.

The Effects of Gelsemin.

In the *Lancet*, of June 9th, Mr. John Tweedie calls attention to the action of gelsemina on the pupil, the ocular muscles, and on accommodation. He says, "The importance which is now very properly attached to correction of anomalies of refraction, and especially abnormal regular astigmatism, necessitates the frequent and almost constant use of atropine to overcome the power of the accommodation for near objects. But against atropine there has always been the serious objection that its effects last so long that great inconvenience arises to the patient from being unable to do near work for several days after the error of refraction has been estimated. If the pharmacopœial solution of sulphate of atropine has been employed, at least eight to twelve days must elapse before the accommodation returns to its normal state. With gelsemina, on the other hand, sufficient accommodation returns within ten or fifteen hours to enable a person to read newspaper type at twelve inches, and within thirty hours the accommodation will have practically returned, although the pupil may remain somewhat dilated, though not quite immobile, for several days. The mistiness and confusion of vision when the eye is fully under the influence of gelsemina is nothing like so great as when atropine has been used

"Practically, it may be stated that gelsemina locally applied readily dilates the pupil, and when used of sufficient strength, temporarily overcomes the accommodation. It is preferable to atropine in cases where the power of accommodation is not great, where it is necessary to overcome the accommodation for a short time only, for the purpose of estimating the degree of ametropia, because its effects are more tran-

sient, and the confusion of vision during its action is less. To insure paralysis of accommodation within three hours, a solution of at least eight grains to the ounce must be used every fifteen minutes for the first hour, and every half hour afterward."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"The Relations existing between Eczema and Psoriasis." By Robert Campbell, M.D., Physician to the Skin Department, Demilt Dispensary, New York. A reprint from the *Archives of Dermatology*, July, 1877. The author states that his reason for believing that eczema and psoriasis are very intimately related to each other, are :—

First. We not unfrequently meet with cases in which the two diseases coexist.

Second. A person may have an eczema at one time and be subject to psoriasis at another period.

Third. The tendency toward gout and rheumatism which exists in eczematous and psoriatic patients.

Fourth. The derangements to which the urine is subject in both diseases.

Fifth. The debilitated state of the health sometimes seen.

Sixth. The hereditary nature of the two diseases

Seventh. Their constitutional nature.

Eighth. Their symmetrical development.

Ninth. Their proneness to recur, and their chronicity.

BOOK NOTICES.

Transactions of the Medical Association of Georgia. Twenty-eighth Session, 1877.

This volume contains, beside the minutes of the Twenty-eighth Session, the President's Address, by Robert Battey, M. D., of Rome, Georgia; Annual Oration, by J. S. Todd, M. D., of Atlanta; Report of the Section on Gynecology for the First Congressional District, by J. C. Le Hardy, Savannah; The History, Causes, Nature, Pathology and Treatment of Yellow Fever, Considering Exclusively the Epidemic of 1876, in Savannah, by J. C. Le Hardy, M. D., Savannah; A Successful Case of Conservative Surgery, by the same gentleman; Snag Eight Inches Long Entering the Abdomen at the External Ring—Extraction—Recovery, by B. R. Doster, M. D., Blakely; Amputation of the Leg for Extensive Necrosis of the Tibia, by T. F. Walker, M. D., Cochran; Transverse Rupture of the Uterus, by the same gentleman; Report of Cases, by George F. Cooper, M. D., Americus; Some of the Evidence of the Progress of Medicine, by J. G. Westmoreland, M. D., Atlanta; Defects of Hearing, etc., by A. W. Calhoun, M. D., Atlanta; Synoptical Report of Ninety-six Cataract Operations, by the same gentleman; Successful Transplantation of a Rabbit's Conjunctiva to the Human Eye, for Relief of a Deformity—same source; Acute Rheumatism Invading Two Weeks After Parturition, Attended with Suppuration—Recovery, by William R. Burgess, M. D., Macon; Report of the Section on Surgery for the Sixth Congressional District, by D. N. Hammond, M. D., Macon; Reminiscences from the Case Book of Memory, and Surgical Report for the Seventh Congressional District, by Charles P. Gordon, M. D., Dalton; Ligation of the Primitive Carotid Artery on the Left Side, by R. M. Smith, M. D., Athens; A Comparison of the Different Methods of Treatment of Stricture of the Urethra, by John Thaddeus Johnson, M. D., Atlanta; Complete Occlusion of the Vagina—Operation—Cure—by E. L. Bardwell, M. D., Talbotton; Treatment of Carbuncle, by C. B. Leitner, M. D., Columbus; Report of the Section on Practice of Medicine for the Eighth Congressional District, by E. H. N. Hunter, M. D., Louisville; Comminuted Fracture of the Tibia and Fibula in an Insane Epileptic, Treated with Plaster-of-paris Bandage, by Thomas H. Kenan, M. D., Milledgeville; Hemorrhage from Retained Portion of Placenta Twenty Days After Delivery, by J. L. Harris, M. D., Milledgeville; Report of the Committee on Necrology, by John M. Johnson, M. D. This volume is one of the most interesting "Transactions" that has come to us for a long time.

Physician's Visiting List for 1878. Lindsay & Blakiston. Philadelphia.

This standard List is now ready, and will no doubt be fully as well received as formerly. The publishers also have for distribution a new catalogue of their publications, many of which have been marked down in price.

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PREMIUMS AND INDUCEMEMTS.

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RECENT SYPHILOGRAPHY.

The study of syphilis is growing in importance, and the additions to syphilography have lately been both numerous and interesting. A sketch of some of these will not be without interest to all, especially those who are interested in properly appreciating the sociological relations of this formidable scourge.

How widely it extends may be imagined from an article on "Syphilis, as it Affects the Brain and Nervous System," by Dr. Thomas Stretch Dowse, of London. He observes:—

"In my own practice for the past seven years, at the Central London Sick Asylum, where I have had over ten thousand patients under my care, of whom I have no hesitation in saying that three-fourths were more or less the subjects of acquired and hereditary syphilis, I have often been puzzled how to arrive at a definite conclusion as to the exact type of disease with which I have had to deal."

He gives a variety of examples of its remote and obscure, but still very recognizable, action on the nervous system. One of his observations is that, in those cases where the primary and secondary manifestations of syphilis are least marked, the nervous system and viscera are liable to suffer the most.

This appears to be a point of so much clinical importance that it ought not to be passed over lightly. Often he has had patients totally ignorant of having at any time acquired or experienced the signs or symptoms of syphilis in its primary and secondary stages, yet the sequelæ have been made manifest in many ways, particularly in many of the obscure diseases of the nervous system, where there are none of the common forms of objective paralysis, of gross lesion of brain and spinal cord; yet there is good evidence in proof of functional derangements, the result of albuminoid changes in the vaso-motor and sympathetic centres.

He concludes his article (in the *Medical Press and Circular*) with these significant words:—

"There is something subtle and uncertain about syphilis, which puzzles the histologist,

pathologist and clinicist alike, and it is probably this which gives to it so much scientific interest. Yet there is a profundity of research open in the study of this disease which rises even above scientific investigation; I allude to its heredity, diagnosis and treatment. It takes a range far wider than any other in the whole field of pathology. Once let a man become infected with syphilis, we then have reason to anticipate that not only he, but his children, will, in some measure, become the subjects of syphilis."

Mr. S. Messenger Bradley, of Manchester, brings various facts to support a still more gloomy view of the consequences of the syphilitic infection. He remarks (in an article in the same journal):—

"I am strongly inclined to believe that we meet with cases which show a true transmutation of type, changing from syphilis, not only into struma, but into cancer, and thus afford evidence of the possible evolution of this terrible malady."

The instances he advances certainly tell strongly in this direction.

While acquired syphilis is rarely fatal, this cannot be said of infantile syphilis, which yearly claims thousands of victims. This greater gravity of the disease in the child than in the adult is due partly to the power of resistance being less in the organism of the very young, partly to the fact that the poison, being conveyed through the blood current, vitiates and injuriously affects every cell and every tissue, damaging not only the cells of nutrition, as in the adult, but the cells of formation, too; and lastly, the greater severity is due to the fact that the explosions of syphilis in the child are rather universal than scattered and confined; in the adult, first one part and then another suffers, but rarely many different tissues at the same time; in the infant the disease, being a diathesis from the first, may burst out in almost every organ and every tissue of the body at one and the same time. No wonder that in this triple cause we have so great a mortality from infantile syphilis.

As to how far the secretions of a syphilitic person are poisoned by his disease, there has lately been an interesting study published by Dr. J. R. Lane, of the London Lock Hospital. These secretions are the tears, the saliva, the perspiration, the semen and the milk. The balance of opinion is against their contagious quality, always supposing them to be unmixed with the products of any secondary lesion. Inoculation with the first three—namely, saliva, tears and perspiration—has been tried, and has hitherto failed. Probably the inoculation of semen has not been tried, but there is no instance in which, when the male organs were free from disease, the semen of a syphilitic patient has infected a female in the usual way by the production of an indurated sore. But there is another way in which the semen may possibly convey disease. There are some who think that an infected man, cohabiting habitually with the same woman, may develop a secondary infection in her by the gradual absorption of the elements of the contaminated seminal secretion into her circulation, without the intervention of pregnancy, or any kind of primary lesion. The late Mr. Porter, of Dublin, and the late Mr. Langston Parker, have recorded cases in favor of this view, which is supported, also, by Mr. S. Lane. All these are authorities whose opinion deserves attention, and the point is one well worth further consideration. The difficulty in all these cases is, that the woman may at some time during the cohabitation have had an indurated sore, which caused her so little inconvenience as to remain unnoticed.

With respect to the milk, it is generally believed that a healthy child suckled by a diseased nurse will not contract disease unless the nurse has some secondary lesion on the nipple, or in its neighborhood; that the milk itself, in fact, does not convey the disease. It is possible, however, that the diseased milk, if the child's mouth or lips were abraded, might communicate infection, although under the

opposite circumstances it would be passed into the stomach without causing any mischief in its transit, and then be so changed by the action of the gastric fluid as to lose its contagious quality.

At the last meeting of the British Medical Association, Dr. Charles B. Taylor read a paper on internal syphilitic ophthalmia. This term he limited to those deep-seated lesions discoverable only by the ophthalmoscope. This excludes cases of iritis and keratitis, which, nevertheless, frequently accompany or precede the more serious disease. Considering the frequent occurrence of syphilitic iritis, and the intimate connection of the iris with the choroid, it is singular that choroiditis is not more common in these cases. There is no doubt, however, that slighter degrees of this affection are often overlooked. Patients suffering from choroiditis complain of failing vision, dark floating spots, and general mistiness; the ophthalmoscope reveals objective muscæ and more or less opacity of the vitreous humor, through which the optic disc is seen like the sun in a fog. Sometimes it is impossible to illuminate the fundus, and the patient is quite blind. When the vitreous body clears under treatment, exudations on the choroid come into view. There are periods of improvement alternating with exacerbations, and the disease in many respects resembles a case of subacute inflammatory glaucoma. Details of cases under the author's care showed that the disease is very insidious, destroys vision slowly, and is apt to be overlooked or mistaken. Retinitis of syphilitic origin frequently follows, or accompanies, choroiditis. Portions of the retina are the seat of exudations and extravasated blood; hence vision is limited, so that the patient will sometimes see only half of an object. If the yellow spot be affected, central vision is, of course, destroyed. Colored vision and flashes of light are occasionally complained of. In syphilitic neuritis, the outline of the optic disc is blurred and indistinct; it is often a mere smudge. As it clears up under treatment, dots of fatty degeneration may be occasionally observed in the neighborhood of its periphery. In a case at present under the author's care, this exactly resembles the degeneration which was formerly considered typical of albuminuric retinitis. As to diagnosis—the history of the case, the number of the lesions, iritis, choroiditis, retinitis, neuritis, all point to a constitutional origin, which, by a process of exclusion, is easily determined to be syphilitic. The treatment is to bleed from the temple, mercurialize rapidly by inunction, and give large doses of iodide of potassium. The prognosis is favorable if the treatment be early, energetic, and persisted in for a sufficient length of time

Dr. John Duncan, not long since, read a paper before the Edinburgh Medico-Chirurgical Society, on the use of mercury in syphilis. Many practitioners had great faith in mercury as beneficial in syphilis. Some used it in faith; others framed hypotheses on which they based its use. It should be remembered that the usual duration of syphilis was two years. It might, however, last a lifetime; and cures as well as relapses, might occur under any treatment. It was still undecided whether mercury shortened the duration of syphilis. He believed it did not shorten the secondary symptoms. Thus far his remarks had been negative. It might, therefore, be asked why it held ground as a remedy. The answer was, that it did so because it caused the syphilitic manifestations to disappear. The popular idea in the profession was, that mercury should be given in secondary symptoms, iodide of potassium in tertiary. Such an idea was based on fact and theory. He held that syphilis became a form of depraved nutrition; that mercury was more potent than iodide of potassium in some tertiary skin diseases, and was our main resource in secondary symptoms. In some cases, *e. g.*, gummata, progress was slower under mercury than under mercury and iodide of potassium. In administering mercury, the following points

should be kept in mind:—1. The character of the poison; 2. The subject of the disease, *e. g.*, if gouty, strumous, etc.; 3. External circumstances. Mercury should, therefore, be combined with gouty remedies, if needed, and so on. Then, when local circumstances alone kept up the disease, only local remedies should be used. Mercury might do harm, even when cautiously given; it did not shorten the duration of syphilis, nor prevent relapses; it should be discontinued if doing no good, and no case should be despaired of unless mercury had been given.

Notes and Comments.

Test Paper for Wines.

It is well known that many French wines are subject to fraudulent coloration, sometimes with ingredients of a poisonous character. A test paper, called *œnokrine*, is now sold in Paris, to detect this adulteration. With a genuine red wine, the color produced is a greyish blue, which becomes lead-colored on drying. With magenta and other aniline colors, it turns a carmine red; with ammoniacal cochineal, a pale violet; with elder berries, the petals of roses, etc., a green; with logwood and Brazil wood, the color of dregs of wine; with pernambuco wood and phytolacca, a dirty yellow; with extracts of indigo, a deep blue. The manipulation required is very simple. A slip of the paper is steeped in pure wine for about five seconds, briskly shaken, in order to remove the excess of liquid, and then placed on a sheet of white paper, to serve as a standard. A second slip of test-paper is then steeped in the suspected wine in the same manner, and laid beside the former. It is asserted that 1-100,000th of magenta is sufficient to give the paper a violet shade, whilst a larger quantity produces a carmine red.

The Complete Criminal.

As an interesting commentary on Professor Austin Flint's "Natural History of Crime" (which we hope he will some day complete) may be read a paper before the British Association for the Advancement of Science, in which Mr. Francis Galton discussed the ideal criminal. He detects in him three peculiarities of character; his conscience is almost deficient, his instincts are vicious, and his power of self-control is very weak. By the examination of many thousand photographs of criminals he was enabled, by their physiognomic characteristics, to divide them into three well-marked groups, respectively, of perpetrators of murder, manslaughter and burglaries, perpetrators of felonies and forgeries, and perpetrators of sexual crimes; and in this way he was enabled to examine how far the peculiarities first mentioned above may be correlated with physical features. The history of the famous Jukes family of criminals was brought forward, to show what extremely important topics may be open to inquiry in a single branch of anthropological research; and the general argument pointed to the necessity of more accurately obtaining explanations of the conditions under which the quality of the stock of the human race deteriorates or improves.

Select Remedies and Quack Nostrums.

The *Scientific American* says—

The German chemists are very unmerciful to those who would impose upon the public by worthless preparations; and one Berlin journal, the *Industrie Blätter*, edited by Dr. E. Jacobsen, offers to analyze *gratis* any patent medicine sent to them in the original package. The analyses of over *eleven hundred* such preparations, made by Dr. Hager, Wittstein, Rose, Chandler, Reveil, and others, have been collected together by E. Hahn, and published in book form by J. Springer. A few of these analyses we propose to lay before our readers, for their information and amusement, remarking, however, that in some cases it is impossible for the analyst to exactly determine some of the organic remedies, such as gums, balsam, and resins, when in combination or solution, and noting the difficulty of accurate translation of pharmaceutical terms.

Dr. Pierce's Golden Medical Discovery. A one dollar bottle holds 220 grains of a brownish-colored clear liquid, consisting of 15 grains pure honey, 1 grain extract of poisonous or acrid lettuce (bot. herba lactucæ virosæ), 2 grains laudanum, 100 grains dilute alcohol (64 per cent.), tasting like fusil oil and wood spirit, with 105 grains of water.

Dr. Livingston's Ant Balsam, a German remedy, consists of 72 grains castor oil, 2

grains balsam of Peru, and 5 drops oil of bergamot.

American Toothache Drops, made by Majewsky, in Warsaw, have different compositions. Those which took the prize at Vienna consisted of common salt and brandy, colored with harmless cochineal red (price 37½ cents).

Asthma Pastils (Danl. White & Co., New York), according to the analysis of Dr. Fleck, contain 20.1 per cent. saltpetre, 3.5 per cent. impure scammonium resin, 35 per cent. gum and sugar, 40 per cent charcoal powder, leaves and stems of some plant.

Ayer's Pills consist of pepper, colocynth, gamboge (gutti) and aloes.

Ayer's Hair Vigor, a solution of 0.6 per cent. sugar of lead.

Correspondence.

Atropine vs. Morphine.

Ed. Med. and Surg. Reporter:—

As doubts have been expressed in certain quarters in relation to the antidotal properties of atropine in cases of poisoning with morphine, I will relate a case in which its antidotal effect was very striking.

I was called in great haste to see Mrs. E., who was reported to be dying from the effects of some medicine administered by an irregular, who was in the habit of getting intoxicated, and who was said to be in that condition when the medicine was prescribed, and which he afterward admitted was morphine. I found her surrounded by a number of friends, who were using every effort to arouse her, in accordance with the directions of the pseudo-reformer, who was of the Eclectic class; he had told them for God's sake to keep her moving, and give her plenty of hot coffee, and then he abandoned his patient. I found her apparently almost in articulo mortis; her face was very much flushed, not a dark, but a bright red; in other cases of poisoning by opiates I have found the flesh to be very dark; her pulse was running at the rate of one hundred and fifty, and over, irregular and intermitting; this is, I believe, the state of the pulse which immediately precedes dissolution in cases of morphine poisoning, though the characteristic pulse in poisoning with opiates is a very slow and full one; in one case which terminated fatally from an overdose of laudanum, I found the pulse as slow as from ten to sixteen beats, breathing from four to six. She was so profoundly comatose that she could be slapped in the face with a wet cloth without making her flinch, and I could lay my finger on her naked eyeball without causing her to wink, or showing the least indication of consciousness. The pupil was not so much contracted as I have seen it in other cases. The case seemed a desperate one, but I weighed out, as accurately as I could, one grain of atropine, upon which I dropped eighty drops of water; of this solution I injected, with the hypodermic syringe, two drops, equivalent to the one-fortieth of a grain of the atropine; in ten or fifteen minutes I repeated the injection, which would make the dose injected equal the one-twentieth of a grain; the effect of this quantity was so marked that it was noticed by the bystanders in from ten to fifteen minutes. I had but little faith, however, that the case would recover, as I had failed in a similar case, over-dosed by this same reformer, ten or twelve years ago, which terminated fatally. I returned home, and was much astonished on being informed about midnight that the patient had gradually regained her consciousness so far as to recognize those around her, and to speak to them. The last dose of morphine was given about 6 o'clock A. M., the atropine was administered about 2 o'clock P. M. It is stated in works on toxicology that when opium poisoning is fatal, death generally takes place within twelve hours; if the patient's life can be prolonged for that period, they generally recover.

E. T. Spottswood, M. D.

News and Miscellany.

The Illinois Medical Act.

The following is a full copy of the act to Regulate the Practice of Medicine in the State of Illinois, which was approved May 29th 1877, and went in force July 1st 1877. Medical readers of all States will read it with interest.

Section 1. *Be it enacted by the people of the State of Illinois, represented in the General Assembly*, That every person practicing medicine, in any of its departments, shall possess the qualifications required by this act. If a graduate in medicine, he shall present his diploma to the State Board of Health, if such Board of Health shall be established by law, or Board of Examiners herein named, for verification as to its genuineness. If the diploma is found genuine, and if the person named therein be the person claiming and presenting the same, the State Board of Health, if such Board of Health shall be established by law, or the Board of Examiners, shall issue its certificate to that effect, signed by all the members thereof, and such diploma and certificate shall be conclusive as to the right of the lawful holder of the same to practice medicine in this State. If not a graduate, the person practicing medicine in this State shall present himself before said Board, and submit himself to such examination as the said Board shall require; and, if the examination be satisfactory to the examiners, the said Board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned.

Sec. 2. In case a State Board of Health shall not be established by law, then each State Medical Society incorporated and in active existence on the first day of July, eighteen hundred and seventy-seven, whose members are required to possess diplomas or license from some legally chartered medical institution in good standing, shall appoint, annually, a Board of Examiners, consisting of seven members, who shall hold their office for one year, and until their successors shall be chosen. The examiners so appointed shall go before a County Judge and make oath that they are regular graduates, or licentiates, and that they will faithfully perform the duties of their office. Vacancies occurring in a Board of Examiners shall be filled by the society appointing it, by the selection of alternates, or otherwise.

Sec. 3. The State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, shall organize within three months after the passage of this act; they shall procure a seal, and shall receive through their Secretary applications for certificates and examination. The president of each Board shall have authority to administer oaths, and the Board take testimony in all matters relating to their duties; they shall issue certificates to all who furnish satisfactory proof of having received diplomas or licenses from legally chartered medical institutions in good standing; they shall prepare two forms of certificates, one for persons in possession of diplomas or licenses, the other for candidates examined by the Board; they shall furnish to the county clerks of the several counties a list of all persons receiving certificates. In selecting places to hold their meetings they shall, as far as is reasonable, accommodate applicants residing in different sections of the State, and due notice shall be published of all their meetings. Certificates shall be signed by all the members of the Board granting them, and shall indicate the medical society to which the Examining Board is attached.

Sec. 4. Said State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, shall examine diplomas as to their genuineness, and if the diploma shall be found genuine as represented, the Secretary of the State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, shall receive a fee of one dollar from each graduate or licentiate, and no further charge shall be made to the applicants; but if it be found to be fraudulent, or not lawfully owned by the possessor, the Board shall be entitled to charge and collect twenty dollars of the applicant presenting such diploma. The verification of the diploma shall consist in the affidavit of the holder and applicant that he is the lawful possessor of the same, and that he is the person therein named. Such affidavit may be taken before any person authorized to administer oaths, and the same shall be attested under the hand and official seal of such officer, if he have a seal. Graduates may present their diplomas and affidavits as provided in this act, by letter or by proxy, and the State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, shall issue its certificate, the same as though the owner of the diploma was present.

Sec. 5. All examinations of persons not graduates or licentiates shall be made directly by the Board, and the certificates given by the Boards shall authorize the possessor to practice medicine and surgery in the State of Illinois.

Sec. 6. Every person holding a certificate from the State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, shall have it recorded in the office of the clerk of the county in which he resides, and the record shall be endorsed thereon. Any person removing to another county to practice shall procure an indorsement to that effect, on the certificate, from the county clerk, and shall record the certificate, in like manner, in the county to which he removes, and the holder of the certificate shall pay to the county clerk the usual fees for making the record.

Sec. 7. The county clerk shall keep, in a book provided for the purpose, a complete list of the certificates recorded by him, with the date of the issue, and name of the medical society represented by the State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, issuing them. If the certificate be based on a diploma or license, he shall record the name of the medical institution conferring it, and the date when conferred. The register of the county clerk shall be open to public inspection during business hours.

Sec. 8. Candidates for examination shall pay a fee of five dollars, in advance, which shall be returned to them if a certificate be refused. The fees received by the Board shall be paid into the treasury of the medical society by which the Board shall have been appointed, and the expenses and compensation of the Board shall be subject to arrangement with the society.

Sec. 9. Examinations may be, in whole or in part, in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

Sec. 10. The State Board of Health, if such Board of Health be established by law, or Board of Examiners, may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke certificates for like causes. In all cases of refusal or revocation the applicant may appeal to the body appointing the board.

Sec. 11. Any person shall be regarded as practicing medicine within the meaning of this act, who shall profess publicly to be a physician and to prescribe for the sick, or who shall append to his name the letters "M. D." But nothing in this act shall be construed to prohibit students from prescribing under the supervision of preceptors, or to prohibit gratuitous services in cases of emergency. And this act

shall not apply to commissioned surgeons of the United States Army and Navy.

Sec. 12. Any itinerant vender of any drug, nostrum, ointment, or appliance of any kind, intended for the treatment of disease or injury, or who shall, by writing or printing, or any other method, publicly profess to cure or treat diseases, injury, or deformity, by any drug, nostrum, manipulation or other expedient, shall pay a license of one hundred dollars a month, to be collected in the usual way.

Sec. 13. Any person practicing medicine or surgery in this State, without complying with the provisions of this act, shall be punished by a fine of not less than fifty dollars, nor more than five hundred dollars, or by imprisonment in the county jail for a period of not less than thirty days, nor more than three hundred and sixty-five days, or by both such fine and imprisonment, for each and every offence; and any person filing, or attempting to file, as his own, the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of a felony, and upon conviction, shall be subject to such fine and imprisonment as are made and provided, by the statutes of this State, for the crime of forgery; but the penalties shall not be enforced till on and after the thirty-first day of December, eighteen hundred and seventy-seven;

Provided, That the provisions of this act shall not apply to those who have been practicing medicine ten years within this State.

The Yellow Fever.

This epidemic has somewhat abated at Fernandina. Nevertheless, eight or ten new cases are reported daily. The crew of the schooner "Sawyer," in port, are all down with the fever. A number of cases are reported very low. One fatal case has occurred in New York City, that of a young man who came from Fernandina. The authorities of Jacksonville have sent out a circular denying that any case has appeared in their city. Very stringent measures are taken to prevent its entrance. A most malignant type of yellow fever is prevailing at Vera Cruz.

Personal.

—Prince Bismarck, when passing through Leipsic, on his journey to Gastein, consulted Dr. Georgii, who at the present time holds the position of burgomaster of the town. It is stated that he complained of being still unable to apply himself with vigor to his work, and that whenever he has been at work for some hours during the day, he is unable to sleep for many nights afterwards.

—There seems to be no cause for doubting the reports of the Pope's exceeding ill health. Very circumstantial reports of his death were in circulation in Rome on the 8th and 9th ult., and were received without astonishment, being inspired by the presence of lights in his bedchamber. He rises two hours later than he used to do, and alarms his attendants by his proneness to doze in the daytime. As ever, he alarms his physicians by his determined objections to following their advice. Though they insist that he should sleep in a more airy apartment, he will not leave his comparatively dark bedroom, and he persists in eating salads and indigestible meats that they have forbidden him to touch.

—The ashes of Dr. Charles F. Winslow, who died and was cremated at Salt Lake City, have been buried at Mount Auburn, in accordance with his request, Edward Everett Hale performing the services. His heart had been sent to Nantucket, to be buried beside his father and mother.

Items.

—The cattle plague has now reached York county, Pa.

—Two Terra Haute policemen arrested a woman who was walking in the street at night wearing a night dress only. They supposed she was drunk; but she was really the wife of a wealthy citizen out on a somnambulistic adventure.

—During the epidemic of measles in Boston, in 1876, Dr. Steinitz saw a relapse of this disease in three children, ages ranging from three to eight years. The relapse in two cases occurred after fourteen days, and in one case after three weeks. The recurring symptoms were fully developed.

—One thousand two hundred and eighty-two insane persons, where there are accommodations for only 766, is the present condition of affairs at the Almshouse, yet Philadelphia boasts of her public charities. Is it not about time definitely to decide the question, "What shall be done with our insane poor?"

—Prof. Draper gives a table of the rainfall of New York from 1835 to 1877, with charts, and contrasts the rain records of New York with those of other cities. The conclusions derived from his investigations are that the rainfall of New York and vicinity was increasing until 1869, and from that year it has diminished.

—A lady of Macon, Georgia, was arranging a beautiful floral design as a tribute to be laid upon the casket containing a departed friend. In selecting the leaves from the plant euphrobia, the stem producing them was broken, when a drop of its sap was spattered into her eye. Inflammation immediately followed, which extended down her cheek, and her hands, which wiped away the tears from her eye, were also similarly affected.

DEATHS.

Hutchinson.—On September 15th, Nellie Alice, youngest daughter of J. A. and Sarah Hutchinson, aged 2 years and 11 months, of dysentery.

On September 19th, Julia A., daughter of J. A. and Sarah Hutchinson, aged 15 years and 9 months, of dysentery.

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THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SHALL THE SPREAD OF SYPHILITIC POISON BE PREVENTED?

BY G. B. H. SWAYZE, M.D.,
Of Philadelphia.

(*Continued from page* 266.)

WHAT CAN BE DONE.

The all important question, therefore, confronts us; "what can be done" to prevent the spread of syphilitic diseases throughout the nation? An answer to this question has been repeatedly foreshadowed in our examination of the subject. In England there have for years been special contagious diseases Acts in operation. These Acts are undoubtedly very imperfect, and bunglingly administered. Systematic opposition has been raised against these laws by a certain class of zealous individuals who are not in position to, and are never willing to, fairly examine all sides of this great question. Want of proper knowledge makes these objectors the victims of prejudices that prevent their insight into truth itself. Without doubt the English laws have sometimes been unjustly applied. But such is sometimes the case with all law. But the occasional bungling use of wholesome law by incompetent officials is not the fault of the law itself. Nevertheless, we are authoritatively informed that with all the defects of the English Acts, great benefits have already been reaped. The statistics have appeared from time to time: I need not quote them here. What are termed "License Laws," for the regulation of prostitution and prevention of syphilis, have been undergoing trial in France, Prussia and Italy. Without doubt these laws need amendment, to relieve them of objectionable features; but their operation has resulted in positive benefit in those countries.

Some years ago the city of St. Louis adopted a system of controlling the "social evil," embracing something of the Paris system, but more perfect in detail, and more successful in effect.

At the expiration of eight months' trial of the St. Louis ordinance, from July 25th, 1870, to March 25th, 1871, the following results were reported:—

	THEN.	NOW.	DEC.
Prostitutes registered.....	718	480	238
Houses of ill-fame.....	119	99	20
Prostitutes found diseased....	58	18	40
Sent to hospital.....	40	10	30
Treated at their residences...	18	8	10

During the said eight months there were in all 947 registrations; of these but 480 remained at the expiration of that time, making a decrease of 46 per cent. in two thirds of a year. As food for reflection, these additional items are important; of the 947 registered, 702 entered upon this mode of life from choice; 101 because they were seduced; 87 because their husbands treated them badly; and 57 because of necessity. The number of men who sought the society of these women did not increase, but grew less, notwithstanding the immunity from disease. This was doubtless the result of the wholesome observation by the officers of the law to which these men were liable. When the St. Louis ordinance had been in operation two years the Chief of Police reported that the number of public women had uniformly

decreased each year; that soliciting upon the streets had been almost entirely discontinued; that a considerable number of these women were reclaimed; that private prostitution had been materially checked; that juvenile prostitution was almost wholly removed; that deaths among the fallen women had largely decreased, and disease was in a great measure prevented. But public prejudice and public stupidity, the natural allies of erroneous and blind zeal, taking into far less account the real welfare of morality and humanity than the gratification of an appetite for dogmatic display of antagonism, resolved to wage warfare against these means of prompt and practical benevolence, that were an innovation upon the long-accepted, fossilized notions of propriety. Headed principally by a few outspoken women and laymen, of sensitive and sincere natures, but of inadequate knowledge and narrowed judgments, a desperate crusade was conducted against the registration ordinance of St. Louis, and on the recent adoption of her "new charter" this special law was omitted.

In answer to the question, what can be done to prevent the spread of syphilitic diseases? the opinion of Professor Gross, who has brought the light of his earnest, vigorous thought to bear upon this subject, furnishes the profession and the world with a practical reply. He affirmed, in 1874, that "inasmuch as no preventive measures hitherto devised are at all trustworthy; and, inasmuch as the greatest risks of infection occur at houses of ill-fame, the only way by which these risks can be reduced to their greatest minimum, is by the legal regulation of prostitution, a remedy that could not fail to be productive of vast good in promoting the national health."

As was anticipated by Professor Gross, his address was sharply criticised on both sides of the Atlantic. The London "*Shield*," published by the "National Association for the repeal of the Contagious Diseases Acts," and "*The Alpha*," published by "The Moral Education Society of Washington, D. C.," especially used their pages in opposing his views; but many of the arguments advanced in these publications are too illogical to even require refutation.

Dr. J. Marion Sims, President American Medical Association, in 1876, in his address to the Association, earnestly proposed that Health Boards be established in towns and cities; these Boards to be empowered to exercise sanitary control over all contagious, communicable diseases, including syphilis. Dr. Sims also has been deemed a proper subject for criticism by the Rev. J. P. Gledstone, in the London "*Shield*." Mr. Gledstone visited this country last year, as a delegate from the "British Continental and General Federation for the Abolition of Government Regulations of Prostitution," to assist in organizing similar or branch societies in the United States. "This International Association" expended during the first year of its operations upward of a thousand pounds, in publishing periodicals and documents, sending delegates to various parts of the world, and establishing branch associations. The central moving spirit of this International movement is Mrs. Josephine E. Butler, of Liverpool, who devotes her time to traveling through the continent of Europe, and laboring for the overthrow of the legal control of vice. Mr. Gledstone visited most of our principal eastern cities, delivered addresses to as large bodies (including bodies of ministers) as he could reach, was instrumental in organizing in New York a branch committee of the General Federation, and returned to England well pleased with his mission. Since some of our British friends have manifested so much interest in American affairs, and come so far to indicate what should be the line of American law, it behooves us to give attention to our distinguished oracles, who seem to have forgotten that Americans enjoy some reputation for self-reliance. The Rev. Mr. Gledstone was sent to our shores to denounce the legal restraint of vice. Being a minister, it cannot be supposed the lines of his life have led him to a practical knowledge of the terrible diseases that result from prostitution. He takes no account of the sin of permitting the innocent to be life-long sufferers from a contagion that is wholly preventable.

And what has Mr. Gledstone offered as a substitute for legal restraint? His answer appears in a letter dated January 21st, 1877: "Looking at the whole question of prostitution, I am satisfied that moral and voluntary agencies are the greatest for bringing about a change. Among moral agencies, I set first the inculcation of purity by fathers and mothers; then by teachers, clergymen, etc." Thus far in his answer we have no answer at all. The means he suggests, though very good in themselves,

have been in operation for centuries, and have proved entirely inadequate.

He proceeds—"the adoption of more kindly, wiser, and more loving agencies for the rescue of the fallen: I should like to see some homes of an entirely self-supporting kind." Now, the home system has had a long trial in Philadelphia; but they are almost entirely neglected by the fallen. And the testimony of the managers of these homes is that those who do apply are women so broken in health, and run down, that they can no longer ply their vocation. Mr. G. continues, "Then I would like some doctors to begin and extend their teaching. I should like them to require or recommend continence in their books and advice, and not tell men they must sin in order to be healthy."

The innuendo flung at the medical profession in the above is unworthy any minister who has given attention to the writings and teaching of American physicians; it reveals the *animus* of the opposition to the prevention of syphilis by law. But Mr. G. attempts to grapple with his question. He further says "the world's experience is not favorable for making hard laws for prostitutes. From what I can see of the effects of shutting up brothels, I do not think we do much, if any, good thereby. The house is shut up and the women are turned out; but the women are not changed in character; neither are they hindered from finding for themselves a home in some other place. They must live, unless we kill them all, or they kill themselves; and while they are in the body they must live somewhere." This admission by a devoted opponent of legislation is a direct argument in support of the necessity and wisdom of legally regulating an evil that cannot be obliterated. Here, however, is the plan of Mr. G. "The only sensible plan, as a legal plan, seems to be to close the house where they live, as a brothel; in fact, take possession of it, and allow the women to remain in it until they could find employment, or enter rescue homes, or return to their friends, in the meantime allowing the landlord no rent." And this he styles "sensible!" But supposing we should try this plan in Philadelphia to-day, where there is far less employment for men and women than is requisite for securing to all the necessaries of life, how long would it be before the thousands who are living by prostitution could find honorable employment? Who is to feed these women in that interval?

Or, apply it to the city of Paris, where, it is stated, years ago, a celebrated physician and very careful reckoner estimated that out of 3000 women who were there plying the most debasing and deadly of trades, *only thirty-five could in any other way earn a living at all!* In our cities the rescue homes are ever open to the fallen (*unless they have syphilitic disease*), but they will not enter these homes, even when solicited to do so. And to wantonly rob landlords of their rent because their houses are occupied by fallen women, who "*must live somewhere*," is inculcating a standard of honesty that illy becomes its author. The injunction of Christ was, "render, therefore, unto Cæsar the things which be Cæsar's," as well as "unto God the things which be God's."

OBJECTORS AND OBJECTIONS.

As has already been shown, this proposed American reform has aroused inconsiderate, arrogant, aggressive opposition. But all measures embracing vital reforms are met with bitter resistance; the fact of the resistance is ample evidence of the vitality of the reform. There are always those who experience a relished excitement in opposing the march of progress. The Great Physician himself, who cleansed the lepers of their leprosy, and cast out devils, was resisted in His humane mission by the opposition of the egotistic scribes and Pharisees, who charged Him with performing the work of the Evil one.

The most violent objectors to legal sanitary measures are among those who profess to entertain very exalted views in regard to "women's rights." In the necessary medical examination of the fallen women that the law would impose, and the resulting purification from disgusting disease, these objectors imagine they see the bugbear of a degrading oppression. They do not bear in mind that the prostitute has reached the depth of her moral and phyiscal degradation when she becomes a prostitute, and offers herself as an article of merchandise to whoever will pay; that from the moment when she becomes diseased, she becomes a continuous source of disease, and the medical inspection that leads to her cure comes alike to her and to humanity as a blessing, and not as a curse; that daily numbers of good and virtuous women, single and married, submit their cases to their physicians, for professional examination, and experience no moral humiliation in em-

ploying such means for the relief of their complaints as may be available. These defenders of the sacred rights of womanhood commit the mistake of placing the abandoned in the defender's own place when viewing the subject, but imagine they have mentally put themselves in the prostitute's place; a thing impossible for them to do. They forget that a large proportion of women following prostitution are ignorant, profane, intemperate, shameless. The testimony of the matrons and lady-managers of Magdalen homes is, that a majority of those who apply at the homes cannot read or write, are addicted to strong drink. are broken in health, and apply for admission because they are run down; "they must choose between the Home or the Almshouse." When objectors denounce compulsory inspection by the medical officer as an infraction of personal rights, they should remember with whom we have to deal; hat the contagions of these women, through transmission from the erring to the innocent, may at some day find their way even into our own families, through the process of marriage; that the necessity of regular inspections rests solely upon sanitary grounds; that this sanitary measure is no more of an infraction of personal rights than sanitary authority exercised in reference to small-pox, cholera, filthy houses and cellars, for individual and public safety; that no individual has a right to breed and disseminate any preventable contagion, or recklessly traffic in dangerous poisons, under any circumstances.

Objectors should also remember that after giving the woman engaged in prostitution unrestrained liberty to spread contagion as long as she is physically able to do so, and she, through sinking health. is compelled to desist and go to some hospital, the first step toward her relief is the identical medical investigation of her condition so inconsiderately denounced; and when found infected, she is detained in the syphilitic wards of the hospital until she is either relieved or dies. Again, should she, a diseased invalid, disabled for the plying of her wretched vocation, be put out of the brothel by the heartless mistress who has no more use for her, and then drift into the almshouse hospital —that great municipal seine of human wretchedness—there the same course of sanitary inspection is the only course to be pursued. And yet again, to show objectors with what a monstrous evil we are confronted, I must ask them to bear in mind that should the fallen woman apply for admission to one of the charitable Christian mission homes, where the erring are really welcomed, her case must yet be subjected to the same medical examination already referred to; and, if she be free from syphilitic contagion, she is permitted to remain; but if she be infected, she must first go to the almshouse to be treated, before she can become an inmate of the home. Now, is all this also to be considered an infraction of personal rights? In all candor we then ask, on which side of the dilemma is the erring woman made the recipient of the greater consideration? Shall we bring her early under the discipline of sanitary control, and thus protect her and society? Or, shall we protect neither; give her free course to spread all the contagion she is physically able to spread, and *then* place her under medical surveillance? Objectors have imagined the latter plan possessed, at least, the virtue of freedom from legal exaction; but such is not the case. The hospital, almshouse and Magdalen homes exist under legislative acts; they are conducted by authority of law, their regulations are in obedience to law, and the woman who comes under their protection and jurisdiction does so as a subject of law, as much as would the woman for whom it is proposed to enact more timely, and therefore more beneficent, legislation. Great outcry has been raised by objectors against what they term "legal recognition of prostitution," embraced by special legislation.

But since, like many other evils, the evil of prostitution always will exist in some form, is it not right and just that the law should take cognizance of the fact, and interpose such regulations and restraints as shall best subserve the public welfare? The fact that law recognizes the existence of any evil, and aims to control it in some rational way, does not make the law a *particeps criminis*, as our objectors have zealously labored to show. Drunkenness is an evil; nevertheless, there always are men and women who, from some cause, will drink. Prohibition is of little avail. Prohibition has never suppressed drunkenness. Then what is to be done? The law must recognize the fact of the evil, do what it can to regulate it, and render to society all the protection it can. Those who deal in spirituous drinks must be registered and taxed, and, so far as practicable, be held accountable for the manner in which they conduct the traffic.

Our religious instincts are a source of aversion to legislative interference, but that is no excuse for indifference. If our religious instincts recoil from reasonable attempts to bring prostitution under sanitary control, because our prejudices suggest that legislation fosters vice by giving security to licentiousness, we should solemnly ask ourselves whether we are not already granting unlimited license to licentiousness, by our neglect and failure to bring prostitution under sanitary regulation? Are we not, under existing laws, granting to prostitution all the license it can have? absolute privilege to do its worst? Some objectors say they abhor "legalized" prostitution. This is but a play upon words. The scarecrow they discern in the idea of "legalized" is delusive, for under the existing position of prostitution in relation to law, we are daily giving tacit assent to an existing legality of prostitution. Without law there is neither offence nor judgment. St. Paul says, "Moreover, the law entered that the offence might abound;" and "what shall we say then? Is the law sin? God forbid. Nay, I had not known sin, but by the law." Some affirm there should be no law for prostitution except the law of extermination. But how shall this evil be completely exterminated by law? Since moral suasion and religious influences do not exterminate it, how shall law do so? The sexual instinct and desire are so deeply implanted in human nature, that so long as mortal humanity people the earth, there will be sexual indulgence. And so long as human nature is prone to evil, there will be licentious commerce and prostitution. Under the force of this fact, the office of law is to regulate and control.

In the face of this fact, our duty as physicians, as Christians, is to reduce the evils of the fact to their minimum, by preventing, as far as possible, its wretchedness. With the waves of scrofula, consumption, and other allies of a remote syphilitic infection deepening and widening their deadly track each successive year, is it not time that Christian people pause to question the correctness of the policy of the past, and to welcome some humane, beneficent reform?

Some well-meaning objectors urge that the proposed regulation contemplates the payment by the prostitutes of a "license!" We reply that as the laws now operate, prostitution is afforded all the privilege it can have, while nothing is exacted to pay the damages. Prostitution cannot be obliterated. There is, therefore, wisdom in a plan by which it can be regulated and compelled to contribute to the support and treatment of its diseased. The payment by those engaged in this vocation of a tax for the support of a hospital where they may be medically treated when diseased, is but just and right; while the discipline of such a plan cannot be otherwise than wholesome. Under existing circumstances, this expense is imposed upon our citizens of both sexes, in the form of taxation. Why should not the prostitute be taxed as well as the virtuous? One proper mode of securing revenue to maintain hospital accommodations for diseased fallen women, is similar to that adopted for the regulation of traffic in liquors and tobacco, the payment of license or tax. The practical operation of this mode necessitates registration. There can be no taxation or raising of revenue for any purpose without registration. And if it be right to make registration of virtuous people, for purposes of taxation, it is also right to make registration of the abandoned, for the same purpose. The iniquity of registration is a myth!

Objectors affirm that it is adding oppression to injury, to impose a license upon unfortunate outcasts—the victims of seduction and betrayal. But do these champions of the unfortunate talk thus of individuals who have yielded to temptations of a different nature—who have resorted to blackmail, become thieves, burglars, or murderers? It is notorious that many abandoned women are expert accomplices of thieves and robbers, and serve as "flyers" to entice "game" into "badger" dens and "panel" houses, where their victims, usually unsuspecting countrymen, are often both drugged and robbed. Is it oppression for the eye of the law and the hand of the law to follow these to their haunts, and exercise some jurisdiction there? Granting, as we sadly do, that many unfortunate women lead lives of shame in consequence of harsh necessity or cruel betrayal, we must not forget that when they turn their backs upon the good and worthy of their past, and take refuge with the evil only, we must apply the remedy where we find them, if we apply it at all. They will not come to us; then we must go to them. But shall we not even there say to them, that though they have been betrayed and adandoned, yet the law will mercifully follow them with the protection of her sanitary provi-

sions, and extend to them such immunities from suffering as it is in her power to secure?

According to Mr. Gledstone, the good women of America defeated legislation in various States. He also claims that nearly all the "women doctors" will coöperate to prevent legal control. If this be so, then the responsibility must rest where it belongs.

(To be Continued.)

THE TREATMENT OF DIABETES MELLITUS.

BY I. J. M. GOSS, M.A., M.D.,
Of Marietta, Ga.

It is generally believed that this affection is dependent upon a disordered state of primary or secondary digestion, or both, with a defect in the assimilative functions. It is characterized by more or less nervous prostration; a morbid appetite and great thirst, and a secretion of a large quantity of glucose or grape sugar. It seems that not only the starch contained in food is converted into sugar, but from a morbid condition of the liver, consequent upon a diseased condition of the eighth pair of nerves that supply that organ, there is a secretion of saccharine elements by the liver. The primary cause, then, of the disease appears to consist in a morbid condition of the digestive and assimilative functions, which favors the formation of sugar from the starchy substances taken as food, and also its absorption into the blood; hence, the exit through the kidneys. The digestive apparatus elaborates thoroughly a certain amount of chyle in health, and the assimilative organs appropriate it to the nutrition of the organization. But let this apparatus be impaired, suspended, or increased, by either moral or physical causes, and there will be abnormal elaboration. The functions of digestion and assimilation may be disturbed through the nervous system; mental emotion, grief, anger, fear, and disappointment, often suspend both digestion and assimilation; and so will exhausting discharges or hemorrhages. There are various modes of testing the urine, which are fully described in works on practice, and need not be here repeated. One of the modes is by taking the specific gravity, which varies from 1035 to 1050. A very expeditious method is to take a few drops of the suspected urine, and drop it on a slip of dry glass, and hold it over the flame of a spirit lamp; the uric or lithic acid soon evaporates, if any be present; then the watery elements of the urine gradually disappear, leaving the grape sugar in the form, and about the color, of molasses; if the heat be still applied, it soon has the smell of burning sugar or molasses. This is an accurate and very convenient method of testing the urine for diabetes.

The treatment has not been as successful as might be desired, but the object of this essay is to introduce a mode of treatment that has proved very satisfactory in my hands. I have tried various forms of treatment, but the most of the remedies hitherto in use have failed with me. Recently I have been using the helonias dioica, (starwort) and the lycopus or bugle weed, in combination, alternated with five-grain doses of the bromide of potassa or bromide of lithia, given every three hours. I usually give the saturated tinctures of the helonias and lycopus in doses of one drachm three times a day. The helonias is a fine tonic to the digestive and assimilative functions, and the lycopus is a tonic and mild astringent, and very soothing nervine. It quiets any excitement of the pneumogastric nerves. Hence it has long been used in hemorrhage, especially of the lungs.

I have a case now, of extreme diabetes, caused from extreme exhaustion by excessive menstruation, which is very fast yielding to the above plan. I have frequently treated the disease very successfully with the helonias dioica and the aletris ferinosa. If these fail, then we may resort to ozone, with milk diet, or lactic acid. Glycerine and phosphorus, or phosphoric acid, alternated with cod-liver oil, may be tried. Benzoic acid, rhus radicans, hydrastin, populin, and permanganate of potash are good remedies. The following formula may be used with good effect, viz.:—

℞.	Balsam of copaiba,	℥iv
	Balsam of tolu,	
	Gum myrrh,	
	Gum guaiacum, āā	℥ij
	Oil of hemlock,	℥iij
	Alcohol or glycerine,	Oij. M.

Shake well, and give from one to two drachms morning and night, and let the patient use bread from which the starch has been extracted. Nitrate of uranium is a good remedy.

—Fourteen hundred and sixteen deaths from small-pox occurred in England during the quarter ending June 30th.

Medical Societies.

COLLEGE OF PHYSICIANS, PHILADELPHIA.

At the meeting, July 4th, a paper on the

Treatment of Old Dislocations of the Shoulder by Subcutaneous Section of the Humerus and the Formation of a False Joint,

with the report of a case in which this operation was performed, was read by J. Ewing Mears, M.D., Surgeon to St. Mary's Hospital, etc.

In the month of August, 1875, J. R., aged 38, a resident of Trenton, New Jersey, consulted me for the relief of great pain and immobility of the right shoulder-joint. The following history was given at the time: In the latter part of June, 1874, the patient fell through a trap-door, striking the right shoulder on the steps as his body descended. Immediately after the receipt of the injury the parts were examined by a physician, who placed the arm in a sling, and ordered sorbefacient lotions to be applied. Under this treatment the contusion and swelling disappeared in a short time, leaving the joint painful and restricted in its movements; there was also observed an inability to approximate the arm closely to the side of the trunk. At the expiration of a month the arm was removed from the sling, and all treatment was discontinued; the pain and impairment of motion in the joint continued to increase; the former was of a dull, aching character, most distinctly felt just beneath the coracoid process of the scapula, and extending about half way down the arm, and was very marked at the close of the day's work. At night the patient experienced relief by removing the arm as far as possible from his body, as nearly to a right angle as he could bring it. Becoming anxious with regard to the condition of his arm, and desiring relief from the pain he suffered, he came to the city, in quest of further advice.

An examination of the joint was carefully made, the clothing having been removed, and all the signs of a luxation were found to be present. The arm was markedly projected from the side of the body and extended, the elbow drawn backward, and the forearm in a state midway between supination and pronation. The shoulder was prominent, and the depression beneath the acromion process was quite conspicuous. The patient was unable to place the hand on the opposite shoulder, while the arm was approximated to the side of the body. The head of the humerus could be felt beneath the coracoid process of the scapula, fixed in its abnormal position. As imparted to the hand, the temperature of this arm was lower than that of the other arm; as compared with the pulsation of the vessels at the wrist of the left arm, the beat was notably lessened in fullness and force in the vessels of the disabled arm. In the forearm the muscles appeared to be normal as to texture and firmness, whilst those of the arms were soft and flabby, and in the deltoid muscle there were evidences of atrophic changes. Slight numbness was experienced in the inside of the arm, forearm, and little fingers, corresponding to the parts supplied by the ulnar nerve.

The clothing of the patient having been put on, the movements of the arm were observed. With great effort, and by drawing back the shoulder, the patient could introduce the hand into the pocket of the pantaloons; the hip pocket could not be reached; the watch could not be taken from the vest pocket on the left side; all of the manipulations necessary in putting on and removing articles of dress were performed with the sound arm. The patient was unable to button his shirt-collar, or use a hair-brush with the affected arm.

With a view to extend the examination, and to ascertain the possibility of effecting reduction, I suggested the administration of ether on the day following. To this proposition the patient assented, and the anæsthetic agent was given by Dr. C. E. Black, U. S. Navy. Before he was placed under its influence, I distinctly stated to the patient that my object was to confirm the diagnosis which had been made, and to determine whether it was advisable to make any efforts at reduction, rather than to attempt by forcible manipulations to restore the head of the bone to its normal position. I put before him the danger of violent efforts at replacement in old luxations, and informed him that he must not be disappointed if I should make no extended efforts at reduction. When completely anæsthetized, a careful examination was made, and the diagnosis was confirmed. The head of the humerus was found to be fixed in its acquired position by adhesions, which existed to such an extent as to make any efforts at reduction unadvisable. Very little more, if any, movement was attainable under the influence of the anæsthetic agent than was accomplished by the unaided efforts of the patient himself, thus showing that he had in his daily work developed the use of the crippled arm to its fullest extent. When he had recovered from the effects of the ether, I informed him that the parts had been found in such a condition as to render efforts at reduction hazardous, and that he must endeavor to content himself with the arm in its present impaired state. He was advised to maintain as much motion in the arm as possible, and to apply anodyne lotions to control the pain.

In December of the same year the patient again presented himself, and stated that the pain had increased, and that the movements of the arm had become more restricted. He earnestly desired that something should be done to afford him relief from the wearing pain, and at the same time, if possible, to restore his arm to its former usefulness. I refused to make efforts at reduction, for the reasons before given, and suggested excision of the head of the humerus. The latter procedure, he was informed, would, in all proba-

bility, accomplish the removal of the pain, but it was questionable whether he would derive any benefit from the operation, as far as the use of the arm was concerned. Moreover, the operation itself involved danger, and it was to be considered whether his condition justified the adoption of a plan of treatment so formidable in character. The patient returned to his home, but in the latter part of September, 1876, again presented himself, stating that he desired to have excision of the head of the bone performed. He felt that he could no longer endure the pain to which he was subjected, and was prepared to assume all responsibility as to the dangers of the operation. He was placed upon preparatory treatment, and instructed to return in two weeks, when the operation would be done.

In studying, in the meantime, the conditions which were present in the dislocation, and the causes concerned in the production of the pain, it occurred to me that an operation of less gravity than excision of the head of the humerus would accomplish all that was necessary. The indications were clearly to remove the pressure exerted by the head of the bone upon the vasculo-nervous cord of the axilla, portions of which had been caught between the head of the bone and the coracoid process, and were held in this position by subsequent inflammatory adhesions. Every movement of the humerus caused pain, owing to the impact of the head. It seemed to me, therefore, that relief could be afforded by destroying the continuity of the bone, so that the head would remain quiescent whilst the shaft and lower extremity could respond to the action of the muscles attached to that portion. Not only was it necessary to place the head of the bone in a state of quiescence, but it was equally, if not more, desirable to remove the constant tension produced by the contraction of the muscles acting upon the humerus. The coraco-brachialis and short head of the biceps muscles held the bone against the coracoid process, the force of contraction being exerted in the line of the long axis of the bone, whilst the muscles inserted into the bicipital groove assisted by drawing the shaft toward the body. I decided, therefore, to divide the bone above the insertion of these muscles, and to separate the fragments, thus destroying the continuity of the bone, so that pressure could not be exerted.

In order to accomplish section of the bone in the most exact manner and with the least risk, I determined to employ the plan of subcutaneous division, as practiced by Mr. Adams, the distinguished surgeon of London, on the femur, in cases of anchylosis of the hip-joint. The instruments used in effecting division of the bone were those devised by Mr. Adams, and consisted of a tenotome and a saw, both with long shafts, the cutting edge of the saw being not more than an inch and a half in extent, or equal in length to the diameter of the humerus.

The operation was performed October 16th, 1876, there being present Drs. John Ashhurst, Jr., Packard, Keen, Willson, and Mr. Harrison, medical student. The patient having been placed under the influence of ether by Dr. Willson, the knife was carried flatwise through the tissues, on the outer aspect of the arm, two inches below the acromion process, directly to the bone. When the point came in contact with the bone, the position of the blade was changed, and the periosteum divided by incisions very carefully made, the edge of the knife being kept closely in contact with the bone. The knife having been withdrawn in the same manner as that in which it was introduced, the saw was passed flatwise through the opening, to the bone. The cutting edge having been placed on the bone, it was divided by very short "higgling" movements, the time required to sever it being five minutes. When section was completed, the fragments were separated, the lower one being thrown backward and outward, and the arm was placed in the Velpeau position and secured by bandages. Not more than a drachm of blood was lost. The wound closed in three days, without suppuration. At the expiration of ten days the arm was released, and passive motion was instituted. Shortly afterward the patient was permitted to return home, with instructions to exercise the arm daily in the various movements of abduction, adduction, rotation, elevation, flexion, etc. Immediately following the operation the pain ceased, and he has had no return of it.

In dividing the bone I endeavored to apply the saw at the middle of the surgical neck, above the insertion of the teres major muscle. At this point there is less danger of wounding the blood-vessels, which, above, supply the structures about the joint, and below the humeral muscles. The anterior and posterior circumflex arteries, from the third part of the axillary, are usually above this point, and the superior profunda, from the brachial, reaches the bone at the lower border of the teres major, and then passes to its spiral groove. Application of the saw to the bone on its outer aspect, and the very restricted movements made, prevented injury to the long tendon of the biceps muscle.

Three months after the operation the patient was present at a meeting of the College, and was examined by the Fellows in attendance. At that time the following conditions were noted: The arm hung naturally by the side; there was no apparent difference in the length of the two limbs; when stripped and examined, it was found to be natural in size and contour; the muscles were firm, and the atrophy of the deltoid had, in a great measure, disappeared. The temperature was normal; the pulse had acquired fullness, and corresponded in character with that of the opposite arm. A small red spot, two inches below the acromion process, indicated the point at which the knife had been entered. Rotation of the arm could be performed without causing pain and without moving the upper fragment. When the lower

fragment was forced up and rotated, slight crepitus could be elicited. The hand could be placed on the opposite shoulder, into the pantaloons pocket, and into the hip pocket, with ease; the watch could be taken readily from the vest pocket; the patient used his hand without restriction in putting on and removing his clothing, and in all of the manipulations incident to his calling as a druggist. He stated that he could raise a sixteen-pound weight by the pulley, and practiced at this exercise daily, increasing gradually the weight. His general health was excellent; the depressed mental condition from which he had suffered prior to the operation had disappeared; and he was cheerful, and much encouraged at the prospect of being permanently relieved from pain and of having a useful arm.

A careful examination, made some months later, showed that the false joint which had been formed was in every respect satisfactory. At the time of the separation of the fragments, without doubt the periosteum was not entirely divided, but was sufficiently stripped off, by the force employed, to completely prevent contact, and yet give a character of firmness to the joint, which was desirable. Moreover, the position in which the arm was placed kept the fragments at an obtuse angle, and thus assisted in the prevention of union. The movements are so free in every direction that it is quite evident that the greater portion of the circumference of the upper end of the lower fragment is free from periosteal attachments, or adventitious bands. Faithful attention to exercise of the joint, for a period covering now nine months, has placed it in such a condition that I believe no fear can be entertained as to any impairment in its functions, much less as to a total loss of movement.

In a communication which I have had the pleasure to receive from Mr. Adams, he calls attention to the fact that after section of the femur, where the operation is performed for the relief of anchylosis, "Motion is apt to be lost if passive motion is not steadily persevered in." I am inclined to believe that loss of movement would be more likely to occur in a false joint formed in the femur than in the humerus, owing to the difference in the functions of the two extremities, and to the difficulty experienced in inducing the patient to maintain steadily passive motion in the lower limb. The superincumbent weight of the body, with the contractile force of the more powerful muscular structures and a comparatively limited range of movements, would prevent the formation of a joint as freely movable as could be obtained in the bone of the upper extremity.

The results in this case have been so successful, with regard to each of the conditions to be relieved, that I have felt at liberty to report it at length, and to call attention to the subject to which it relates, which is of the highest importance, and should claim at our hands the most careful consideration.

Editorial Department.

Periscope.

The Efficacy of Vaccine Lymph.

In a paper read before the British Medical Association, Dr. F. Vacher, the author, gave an account of the experiments which he and Dr Braidwood had made, in order to test the soundness of the evidence on which M. Chauveau based the proposition that it is the particles, and not the soluble constituents, of vaccine, on which its activity depends. The experiments showed the negative results of inoculation with the soluble constituents of vaccine; but he took exception to the proposition that lymph loses its specific properties in proportion as microzymes multiply; although the loss of activity in lymph, after dilution and exposure, was in proportion to the length of time the exposure was maintained. The next series of experiments were for the purpose of determining the lowest increased temperature at which lymph is rendered inactive, and how long it is required to be maintained at this temperature to secure the total destruction of activity, which was found to be 149 5 degrees Fahr. Lymph could not with safety be exposed above 139 degrees, but did not lose all its specific properties at 146 degrees. Exposure for a few minutes had the same effect as exposure for two hours. These results are of the greatest practical importance in their bearing on preventive medicine. The object of the next experiment was to ascertain if the subjection of lymph to intense cold destroyed or impaired it. The frigorific mixture used was one compounded of solid carbonic acid and ether, by which a temperature of 166 degrees Fahr., below the freezing point of water, is produced. Exposure for an hour and a quarter to this intense cold did not in the slightest impair the activity of the vaccine lymph. Numerous experiments had been performed with various germicides, antiseptics, disinfectants, antizymotics, with a view to deciding whether the agent employed destroyed or impaired the action of lymph, *i. e.*, whether is was a *contagicide*, perfect or imperfect. Lymph was rendered sterile at once by solu-

tions of carbolic acid, by carbolate of glycerine, by sulphurous acid, by ozone, by chlorine, and by quinine; but in the case of quinine and carbolic acid, the agent required to be some time in contact with lymph to render it inert. The efficacy of the lymph was not destroyed by salicylic acid, boracic acid, or chloralum. Permanganate of potash (Condy's fluid) appeared to destroy the activity of the lymph in freshly prepared mixtures; but when the mixture was kept the lymph regained its power. Dr. Bond's preparations—cupralum, ferralum and terebene—all appeared to destroy the efficacy of vaccine. Lymph kept in sealed capillary tubes remained sound for twelve weeks, but after twenty weeks it became so impaired that three out of eight subjects vaccinated with it failed. Mr. Vacher spoke of the value of animal vaccination for multiplying lymph, but only heifers can be depended upon.

Insomnia and its Treatment.

In the numbers of the *Archives Générales de Médecine* for May and June, 1877, appears an article on this subject, by Dr. Willemin. It consists of a careful compilation of the views of different writers on insomnia. The question is treated under three heads—1. The Physiology of Sleep; 2. The Causes of Insomnia; and 3. The Treatment of Insomnia. The general conclusions from the whole article are as follows.

1. Sleep is the result of a diminution of cerebral cell activity, induced by the fatigue or exhaustion following mental or bodily exertion. These physical conditions modify the vaso-motor system; the afflux of blood to the brain is reduced, and a condition of temporary anæmia takes place. The cerebral activity is thus diminished, and sleep follows, during which the nervous elements are repaired.

2. The cause of insomnia is a persistent abnormal activity of the cerebral nervous elements, due to some internal or external irritation. It may also be due to active congestion of the brain, which causes abnormal functional activity of its cellular substance.

3. Insomnia may also be the result of a peculiar nervous condition, associated with general anæmia, in which, owing to changes in the nervous elements, there is a modification in the circulation of the brain.

4. In the treatment of insomnia it is important to first ascertain its cause. Slight cases are usually successfully treated by general hygienic measures.

5. Insomnia occurring during acute or chronic maladies cannot, as a rule, be rapidly relieved. Therefore, while waiting the recovery of the disease, the symptom is to be treated with hypnotics, at the head of which is opium and its alkaloids.

6. Morphia is the most somniferous principle of opium. Narcein and codeine, although less active in this respect, leave fewer traces of headache and malaise. Opium preparations are more particularly useful in insomnia associated with pain. They are contra-indicated when there exists any cerebral congestion.

7. Bromide of potassium has a much less powerful hypnotic action than opium. Its use is indicated in those cases due to excitement of the cerebral circulation, in which opiates are useless and injurious. It has been employed successfully as a calmative in children. It is contra-indicated in cases of marked anæmia.

8. Sulphate of quinine, like the bromide, appears to exercise the action of relieving the congestion of the cerebral nervous elements.

9. Hydrate of chloral is an excellent hypnotic in almost all cases of insomnia, but it is to be given with caution to persons suffering from dyspnœa, cardiac affections, or great debility.

10. The insomnia of old persons or patients suffering from great debility or anæmia is sometimes successfully treated by tonics, stimulants and hydropathy.

Psoriasis of the Tongue.

Dr. Nedopil, in a recent article quoted in the *Lancet*, September 1, states that the use of all local irritants is said to favor the production of lingual or buccal psoriasis, such as highly spiced foods, strong drinks, and, above all, tobacco; and tobacco smoke rather than the substance itself, for, as compared with the smoker, the chewer of tobacco is remarkably free from the complaint. Nedopil asserts, moreover, that cigarette-smoking is the most harmful of all methods of taking the baleful weed; and as tobacco smoke contains such irritants as butyric, acetic and phenic acids, as well as carbonate and acetate of ammonia, he thinks that the evidence of local irritation, in cases of cancer of the tongue in smokers, is as marked as that of cancer of the scrotum in chimney-sweeps. The male sex and advanced life are predisposing conditions; and as to the duration of psoriasis linguæ before the appearance of cancer, this author agrees with others in assigning it as long a period as from fifteen to thirty years. As regards treatment, however, he points out that all internal and external remedies are powerless to cure or even to arrest the psoriasis when once developed, and that the abstention from tobacco-smoking, etc., is equally inefficient. The frequency with which the affection is followed by cancer is notorious; and he does not hesitate to advise the excision, at as early a date as possible, of the milky patches of psoriasis, where these are so circumscribed as to permit of such a procedure.

Artificial Mineral Waters.

A writer in the *Medical Press and Circular* says: At my instigation, some of my medical friends have used the following mixture where the bitter saline purgative waters of Friedrichshall and Hunyadi Janos were indicated, with equal, if not more satisfactory, results in abdomi-

nal diseases, hepatic congestion, even attended with hemorrhoids, plethora, etc. :—

℞. Sulphatis sodæ,
Sulphatis potassæ, āā ℥iij
Sulphatis magnesiæ, ℥iv
Bicarb. sodæ, ℥j
Bicarb. potassæ, ℈j
Aquæ fontanæ, ℥xx.
Solve et adde acid muriatic diluti, ℥j.
Signatur.—The bottle to be kept well corked and in a cool place.

A wineglassful the first thing every morning, in a tumbler of cold water. The addition of the muriatic acid answers a twofold purpose; it saturates the mixture with carbonic acid gas, making it more palatable, and the small quantities of chlorides it generates adds to its efficacy in a surprising way. Sulphate of potassa is the best cholagogue in the saline shape, and invariably enters largely into all the natural waters of use in hepatic congestion. But all the natural waters contain, more or less, sulphate of lime (in common *parlance* plaster-of-paris), which adds nothing to their efficacy, and is objectionable.

Again, in gouty and rheumatic diatheses, where an iodized alkaline aperient is indicated, the following may be prescribed, and will be found far more efficacious than any of the natural waters :—

℞. Sodæ sulph. sicc., ℥iij
Potassæ sulph. sicc., ℥vj
Potassæ bicarb., ℥ijss
Carb. lithiæ,
Iodidi potassii, āā., ℥ss.
Et fiat pulvis.
Capiat cochleare parvum summo mane ex aquæ tepidæ, Oss.

If the patient prefer cold to tepid water, plain cold or aerated may be used.

In renal affections, where a course of the warm alkaline waters of Vichy or Carlsbad, or the cold ones of Vals, Jachingen, and Marienbad is desired, we may use (as Dr. Wade suggests) dilute solutions of potassa and soda bicarbonate, with citrate of lithia. Sir H. Page has found soft or distilled water of great service in the palliative treatment of renal affections, and either the one or the other should always be used in the preparation of the solutions. They may be taken warm, or surcharged with carbonic acid.

By adopting such measures as these, we can confer, in some measure, the boon of mineral waters on the poor patient, which is now only enjoyed by the wealthy.

On Muriate of Calcium.

Dr. Robert Beel, of Glasgow, writes to the *Lancet*—

Chloride of calcium possesses a most wonderful power in controlling, if not actually curing, many forms of tubercular disease. In my experience I have found no remedy on which so much reliance can be placed in tuberculosis as on this salt; more especially, however, this remark applies to the wasting diseases of children. It has been most extensively used by me during the past four years, and with most gratifying results. Having prescribed it in every form of tubercular disease that has come before me during this period, perhaps a short account of my observations on the effect of the drug may not be uninteresting.

In the wasting diseases of childhood, be these tubercular or not, chloride of calcium has proved itself to be, in my experience, a therapeutic agent of inestimable value. The conditions which indicate the probable usefulness of the salt in children are, first of all, a falling off in flesh. The child may take his food heartily enough, nay, his appetite may be better than usual, yet he becomes more attenuated every day, he is languid, ofttimes sleepless, and the pupils are always very much dilated. When sleep does come on, the little patient frequently starts up in a fright, grinds his teeth, and convulsive twitching of the muscular system will often be observed, these symptoms being evidently due to a large amount of undigested food in the lower bowel. Ofttimes there is a craving for stimulants, and a most extraordinary liking for potatoes and other articles of diet containing a large amount of starch. If the mother is questioned, the remark will often be made that the child takes his food so well as to make it quite beyond her power to understand how he does not thrive, but, on the contrary, is falling off every day. And it is remarkable to note how rapidly a fat and healthy-looking child will become a mere shadow of his former self when such a train of symptoms are present. When we come to examine the patient, the face may appear to be pretty plump, but the arms and legs are miserably thin, soft, and flabby, while the abdomen is greatly distended, having the cutaneous veins very much engorged. The evacuations should always be examined, when it will be observed that they are much greater in quantity than they ought to be, that undigested food can be largely traced in them, and that their fetor is excessive. Such a state of things distinctly points to great defect in the powers of digestion and assimilation. In fact, none of the food appears to have entered the child as nourishment, it having seemed to pass away in a state of putrid fermentation, while the body has been preying on its own tissues. It is in circumstances such as these that the beneficial effects of the muriate of calcium can be appreciated. If a child is brought to me with symptoms that have just been enumerated, or if any symptoms indicating a want of assimilating power are observed, I immediately insist on the medicine being administered and continued for several weeks. Its powers in arresting such symptoms, in my opinion, are superior to cod-liver oil or iron; and, what is of no little advantage, very young children

soon get to take it quite readily. Of course, when one is prescribing in disease of this kind, it is absolutely necessary to observe strict dietetic rules. In addition to the internal remedies, it will be of immense service if the abdomen of the patient is gently rubbed, night and morning, with olive oil, and afterward a flannel bandage applied. With reference to diet, I insist upon a large quantity of milk, and the avoidance of starchy food and sweets.

I have treated several cases of phthisis pulmonalis by this means, and with most gratifying results, when the disease was got at in the early stage. In such cases I have had distinct cures—at least, the disease has been checked, emaciation has ceased, the cough has disappeared, and the patients have recovered their healthy appearance. In conjunction with the muriate I have used a spray containing one-fifteenth of a grain of arsenious acid to one drachm of water thrice a day, and I think with the effect of expediting the cure.

Before concluding, permit me to add, that the only case of tubercular peritonitis that has come under my notice during the past four years has yielded completely to this remedy.

It will be seen from the cases that I have cited that the medicine requires to be perseveringly used. Let me urge on my professional brethren to give it a lengthened trial, and not to be discouraged by an apparent failure. Muriate of calcium can do no possible injury to the economy, while in properly selected cases it will be of incalculable service.

Abscess of the Liver.

In the *Practitioner*, for July, there is a practical paper on this subject, by Sir J. Fayrer, K C.S I., M.D., in which the author draws attention to the insidious manner in which these abscesses are often developed. As a rule, the early symptoms of suppuration are those of congestion, with bulging of the side, either between or below the ribs, with chills or well-marked rigors, high temperature and sweating; but sometimes none of these symptoms are well pronounced, and yet an abscess may have formed and escape detection, until the bulging and fluctuation, or until the sudden evacuation of its contents through the bowels, the lung or stomach, or into the peritoneum, reveals the true state of matters. Several cases are quoted in illustration of the insidious invasion of this affection, while attention is also drawn to the fact, not so generally understood, that a man may have an abscess of the liver, which is not evacuated, and yet recover after its removal by absorption, or by its remaining in a state of quiescence for the remainder of his life.

With regard to the vexed question of the priority of hepatic abscess, or of dysentery, in those cases where these affections occur together, Sir J. Fayrer is inclined to regard them as independent of each other, though often co-existent, and due to the same climatic causes.

As to the treatment of liver abscess, the author advises at the outset local depletion by leeches on the side, when the symptoms are acute, the pain great, and the fever high. Also free purgation by mercurials, salines, and ipecacuanha, with hot fomentations, rest, and a light diet. When it is obvious that pus is formed, the evacuation of the matter must be favored by such channels as may seem most favorable. The strength must be supported, and irritation allayed; and when the abscess is sufficiently near the surface to justify exploration or puncture, it should be evacuated.

Howard's Method of Artificial Respiration.

Dr. Benjamin Howard, of New York, in a late paper before the British Medical Association, objected to Hall and Silvester's method, and proposed the "direct method." In this, in order to dispose of accumulations in the stomach or chest, the patient being turned face downward, a firm bolster beneath the epigastrium made that the highest, the mouth the lowest point. Pressure being made on the back, the object was accomplished by both ejection and drainage. The patient, stripped to his waist, being quickly turned upon his back, the bolster was placed beneath it, making again the epigastrium and anterior margins of the costal cartilages the highest points of the body, the hips, shoulders and occiput barely resting on the ground. The patient's wrists were seized, and the utmost possible extension being secured with them crossed behind his head, they were pinned to the ground with the left hand, so as to maintain it. With the right thumb and forefinger armed with the corner of a dry pocket-handkerchief, the tip of the tongue was withdrawn and held out of the extreme right corner of the mouth. (If a boy were at hand, both wrists and tongue might be confided to his care.) In this position, two thirds of the entrance to the mouth were free. The epiglottis, by this backward curvature of the neck, was precluded from the pressure often caused by undue flexion. The head, as Nélaton urged, was dependent; the free margins of the costal cartilages were as prominent as they could be made. By crossing the wrists, the latissimi dorsi were brought further into play than usual, and there was a fixed thoracic expansion, which Dr. Howard believed unattainable in any other manner. The epigastrium being the highest point, the diaphragm was neither embarrassed from pressure above nor from below. To produce respiration, the operator knelt astride the patient's hips, and rested the ball of each thumb upon the corresponding costo xiphoid ligaments, the fingers falling naturally into the lower intercostal spaces. Resting his elbows against his sides, and using his knees as a pivot, the operator threw the whole weight of his body slowly and steadily forward until his mouth nearly touched the mouth of the patient, and while one might slowly count one, two, three; then suddenly, by a final push, he sprang back to his first

position on his knees; remain there while one might slowly count one, two; then repeat, and so on, about eight or ten times a minute. The resiliency of the ribs insured an instant rebound to the point of departure. The operation was not fatiguing, the force employed being the weight of the operator, who remained in an easy position, with alternations of complete rest. It could be practiced by anybody, anywhere, before or after division of the funis; in a bath, bed, or boat; and friction, electricity, insufflation or tracheotomy could be practiced simultaneously, without inconvenience.

Hints on the Use of Spectacles.

In an article in the London *Medical Times and Gazette*, Mr. Robert Brudenell Carter says: It has long been a tradition among opticians that people who were advancing in life should be very chary of employing spectacles of too great magnifying power, partly, because it was believed that such spectacles were likely to be injurious to the eyes, and partly, lest the desire of the eyes for more power should grow with indulgence, until it might at last outstrip the resources of the spectacle-grinder. These opinions were much confirmed, and were widely diffused among the public, by an elaborate essay on "Spectacles," which was published in the *Quarterly Review* some sixty years since, and which was commonly attributed to the late Sir David Brewster. The writer, whoever he may have been, was not in advance of his time, and had little or no knowledge of the changes which occur in the eye, or of the altered conditions of vision which they entail. He approached his subject from a standpoint of pure optics, and did little more than give a new lease to some prevalent errors and misconceptions. Convex spectacles, of whatever power, cannot do more than place the far-point at the distance of their own focal length; and in an emmetropic eye, with restricted accommodation, the near-point would not be very much within the far-point. The only harm done by spectacles which were too strong, or stronger than was needful, would be so to approximate the visual distance as to call upon the internal recti for a fatiguing effort of convergence, in order to maintain binocular vision; and this effort would, in any case, be relinquished, because it would be fatiguing, long before it could, by any possibility, become injurious to the eyes of a person of mature age. The excessive convergence, which, as we shall see, is incidental to the higher degrees of myopia, is often injurious in youth, when the ocular tunics are yielding and extensible; but seldom or never becomes so at an advanced period of life, if no harm has previously been occasioned by it. Apart from forced convergence, the use of high magnifying powers is absolutely harmless. I have often had occasion to remark to students how rarely it happens that we see at the hospital any persons who follow the trades, such as watch-making, wood-engraving, and the like, which require the constant use of a single magnifying glass; and I believe that the tradition about the ill effect of powerful convex spectacles is mainly due to the fact that a premature and rapidly increasing presbyopia, such as to call for constantly stronger and stronger glasses, is one of the early symptoms of approaching glaucoma. The demand for strong spectacles has itself, in these cases, been merely a sign of the impending destructive disease; and before the symptoms of the disease were understood, the resulting blindness, although perfectly independent of the spectacles, was often erroneously attributed to their influence.

The Relation of the Sexual Life to Acne on the Face.

Mr. Jonathan Hutchinson says, in a recent lecture respecting the acne of the young, there is a very widespread opinion that it is usually the result of sexual disturbance. I have no doubt that this belief is well founded to some extent, but we must beware of exaggerating it. The eruption is chiefly met with in young celibates, whilst it is very rare under the age of puberty, and is often benefited by marriage. It is possible, however, that its comparative rarity in the married may, after all, be a coincidence and not a sequence, and that we ought to consider it not so much a disease peculiar to celibacy as to the special age at which a large majority of the population are celibates. It may certainly occur before puberty. I have seen it not very infrequently in children, and once in a very marked form in the face of an infant of six months. It is also frequent in married persons of both sexes, and sometimes originates after marriage. I have known it occur in ladies who were bearing children, and in whom the sexual functions appeared to be in perfect activity.

Making full allowance for a considerable number of acne cases in which there appears to be no sexual cause, there are yet, I think, good grounds for accepting the general belief that in a majority of instances such is the fact. The remarkable influence which the sexual functions exercise upon the general health and upon the state of the nervous system is among the secrets known unto all men. That they should have the power of making the sebaceous glands of the skin enlarge and suppurate is certainly, if thought about, one of the most strange. I suspect that, when it occurs, it is brought about through the agency of the nervous system rather than of the blood. Women who are not liable to acne at other times sometimes have a few spots appear at each menstrual period, and that whilst in excellent general health. I have been assured by gentlemen liable to nocturnal emissions that they invariably had an increase of acne spots after such occurrences, and sometimes so immediately, that it was impossible to believe that any material change in the blood had occurred.

In other cases sexual intercourse may produce the same result.

It is certainly not in cases of extreme sexual exhaustion that acne is most common. I have seen many such patients, both with and without spermatorrhœa, who had not a spot of acne, but, on the contrary, had skins which were perfectly smooth—in some instances florid, in others very pale. It is, perhaps, rather a condition of sexual irritability than of exhaustion which produces acne. I do not think that the severity of the acne eruption bears any relation to the degree of sexual disturbance. In the worst cases that I have seen the patients often seemed to be in good health.

To dismiss the subject, we may remark that the prescriber ought, in respect to the acne of celibates, to bear in mind the possibility of a sexual cause. He will advise the adoption of measures likely to improve the general vigor, he will caution against any possible causes of debility, and he may, in some instances, suggest matrimony as the remedy most likely to prove successful.

Matico in Post-partum Hemorrhage.

Mr. E. Marlett Boddy, F.R.C.S., etc., writes to the *Medical Press and Circular*:—

The use of matico in post-partum hemorrhage is doubtless of uncertain efficacy, and its operation therein akin to empirical, but, nevertheless, in one case of obstinate flooding I found it of some utility. I had no idea at the time that this astringent would have been beneficial, and I only used it, I may say, at a venture, as I had no ergot by me at the time. The preparation I used being the tincture, is not recognized by the "British Pharmacopœia," nor is there any mention of it either in Garrod's "Materia Medica" or Ringer's "Handbook of Therapeutics," consequently, it is not considered a therapeutic agent. I mention this fact in case some may be tempted to refer to those books, and not finding any notice of this preparation, conclude I am in error. It was the usual parallel case of post-partum hemorrhage which one now and then meets with in general practice, so to give a concise account of it would be puerile; let it suffice when I tell my readers that I gave this tincture of matico instead of ergot, and the hemorrhage decreased from the time I administered it. I will not attempt to discuss the *modus operandi*, for it is not very plain.

Naturally, this being an isolated case, one cannot affirm with any degree of certainty that there is any real efficacy in matico in post-partum hemorrhage, or that its action therein is on a par with ergot, because one single case is not sufficient for one to arrive at such a conclusion, besides it would be an absurdity; however, it is deserving of some consideration. It seems possible, nevertheless, that if matico is useful in staying bleeding on free surfaces, it might be used with advantage in uterine hemorrhage; most decidedly it would not cause those painful contractions of the uterus which ergot usually does.

One very useful hint may be learned from this case, however, and that is, an injection of a liquid preparation of matico, such as the infusion, would be quite as advantageous and not so dangerous as the perchloride of iron injection, which has been known to cause a fatal termination.

Therefore, as nothing of a pernicious nature could possibly ensue from an injection of the infusion of matico, it is much preferable to an injection of the perchloride of iron.

Reviews and Book Notices.

BOOK NOTICES.

The Transactions of the Kentucky State Medical Society. Twenty-second Annual Convention. Held at Louisville, April, 1877. 1 vol., cloth, 8vo, pp. 217.

This will be found a handsomely printed volume, with a very excellent series of papers in it, on subjects of general interest. The address by the President, Dr. R. N. Gaines, is largely upon medical reform, and takes the sensible position that such a reform had better begin at home, by the profession reforming itself. Dr. L. P. Yandell discourses briefly in favor of anæsthetics in midwifery. A very excellent article on Cholelithiasis is from the pen of Dr. John A. Octerlony. The report on Epidemics, by Dr. L. S. McMurtry, is carefully compiled. Sterility (in women) and its treatment, is the subject chosen by Dr. W. H. Wathen, and well presented. Dr. Yandell, Jr., gives a brief notice of recent additions to the materia medica. A suggestive article on the treatment of sprains is from the pen of Dr. R. O. Cowling. The Report on Dermatology, is by Dr. L. P. Yandell, Jr. Dr. J. A. Larrabee reviews the Therapeutics of Infancy. Dr. W. Talbot Owen criticizes Dr. Ely McClellan's article on Cholera. Dr. J. Hale reports a peculiar case of peri-uterine cellulitis. Dr. Thomas J. Griffiths sketches the progress of the United States Marine Hospital service, and other papers are presented by Dr. J. L. Cook, on the Physiological Therapeutics of Fever; by Dr. M. F. Coomes, on Some Causes of Deafness; by Dr. F. C. Wilson, on Changes in the Blood Corpuscles; by Dr. R. F. Logan, on Occipito-posterior Positions; by Dr. D. S. Reynolds, on Irido-cyclitis and Obituary Notices.

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REFLECTIONS ON THE PROFESSION AS A BUSINESS.

The proverb of the ancients, *Dat Galenus opes*, however true it may have been with the *archiatri* of the days of the Emperors, can hardly be taken as a fact at this day.

Considering the long time and the great expense necessary to secure a good medical education, the average remuneration which it gives is singularly inadequate, either in this or other countries. To pass the examination required to enter the army or navy demands a very thorough professional, and also an extended general, education; and yet the salaries of medical officers are hardly adequate to support a very economical family in a manner corresponding to the social position of a professional man.

Outside of the army, in the rural districts and country towns, it is a decidedly desirable practice that yields three thousand dollars a year in actual money; and, so far as our observation goes, it must be a very exceptional country locality where a physician can collect over five thousand a year. The work such a practice entails will task him to the uttermost.

In cities it is, of course, otherwise. There are physicians in all our large cities who take in $10,000 and $15,000 a year; we could name a few in this city and New York who are popularly credited with practices returning $25,000 to $30,000 a year. One year with another, there are exceedingly few in the United States who exceed this. Some eminent surgeons may possibly do so, but they could be counted on the fingers of one hand.

But these are the rare prizes. The vast majority of city practitioners fare no better than those in the country, and it, as a rule, requires much longer to get to the point where they "make a living," because living is costlier and competition closer.

Many physicians have some outside business in which they are interested; others have a patrimony which helps them out. Without these resources they would starve.

The drawbacks of the profession are several and severe. The expenses are heavy. If a physician aims at a good class of patients, his office must be in an expensive quarter and well furnished. A horse and carriage are soon indispensable. His dress must be always that of a man well-to-do. He must be cautious in presenting and collecting bills. If he sues, he gains enemies, who malign him. He must sit and wait for business, and does not dare to seek it. This is the most trying of all things to the ambitious, energetic young practitioner.

A judicious writer urges on medical men the wisdom of not being too anxious to have too many patients on their books; they cannot attend to more than a certain number daily; it is a waste of their health to work from morning till night, as some practitioners do, for low fees; it would be better for the public and the profession if they restricted the number of their patients and increased their fees.

A more accurate system of book-keeping is also desirable; and accounts should be rendered quarterly, and in many cases directly after the attendance is over. We should remember the old motto, *dum dolent accipe;* thus we should not hear so much of disputed accounts, and patients would, on the whole, be more satisfied.

Notes and Comments.

Preliminary Education for Students.

In an address delivered at the close of his term of office, Dr. Thomas H. Shaw, President of the Allegheny county (Pa.) Medical Society, said, among other good things—

I would like here to speak a word in behalf of the report of the Committee on Medical Education, of which a member of this society is chairman, which was submitted to the State Medical Society at Harrisburg last June. Should it be approved by the Society it will aid in an essential manner this important matter. Let us at the next meeting of the State Society, which, I congratulate you, is called to meet in this city, use our best efforts to have it approved. Though not perfect, the committee claim for it a long stride in the right direction.

That report requests that every county society in the State refuse to permit any of its members to take a student, unless said student furnishes a satisfactory certificate from an examining committee appointed by such society, showing that he has sufficient knowledge of the English language, in all its branches, with sufficient training in Latin and Greek, to enter upon the study of medicine intelligently. Should that report be adopted and observed, no illiterate or half educated man thereafter can squeeze through some weak college, to the disgrace of the profession.

Foreign Bodies in the Stomach.

L'homme à la fourchette, so famous in Paris a year or two ago, is distanced by a man in Australia now undergoing imprisonment for being unable to restore a gold ring which he had swallowed, belonging to the prosecutor. He is being treated by the visiting surgeon of the jail with the view of making him disgorge a large steel Albert chain and a common brass ring. The chain can be distinctly felt at the bottom of the stomach, and the prisoner states that it is now nine months since he swallowed it, and it is the only one he has had any difficulty about. He says that he has had two pounds weight of jewelry in his stomach, and has had watches there as long as twenty-four hours. The jailor has a collection of objects, such as Albert chains, pen-knives and rings, which he has procured by making him vomit by emetics. The prisoner is an intelligent young man of twenty-three.

Decided Doses in Neuralgia.

There is a prevailing and not a sound tendency to give medicine too timidly. Surgeon General Francis, of the British Army, remarks, in a recent article, that in neuralgia, for example, we are frequently told that everything has been unavailingly tried, and that the sufferer, tired out at last, has decided on going abroad. On inquiring into the extent to which the antiperiodic remedies — notably quinine and arsenic — have been pushed, it will be generally found that the doses were considerably less than he has been in the habit of prescribing with almost unvarying success. During a residence of several years in India he has frequently given, in suitable cases, from ten to twenty, and even thirty, grains of quinine; and where this has been ineffectual, from twenty to

thirty minims of Fowler's solution of arsenic have succeeded in staving off the attack. The habit once broken through, smaller quantities of either drug will be sufficient, but the remedy must be continued for a few days. In some instances quinine and Fowler's solution together (from six to ten grains of the former and ten to fifteen minims of the latter) will produce the desired effect, which neither would have produced singly.

The Causes of Insanity.

With regard to the causes of insanity generally, Dr. Yellowlees, of Scotland, well observes, that "beneath all the apparent or exciting causes of insanity, the real and efficient one is found in the unstable nervous system of the individual. This instability may be inherited or acquired; inherited, possibly, from parents who have shown no obvious insanity; acquired, perhaps, quite unconsciously by the individual; but its degree is the true measure of liability to insanity, and of the danger of mental shipwreck in the storms and turmoil of life. This explains why some minds are upset by apparently trivial causes, while others remain calm and unshaken through a lifetime of affliction and sorrow. Yet the immense significance of nervous instability in the history of the individual and of the race is ignored every day."

Albuminuria.

A German exchange states that, contrary to the statements of Robener and Huffert, Richter says he at no time found albumen in the urine of cases of paralysis of the insane, nor in apoplectic diseases. When the same is present, it probably originates from a pathological condition of the kidney, or of the urinary apparatus.

The Relation of Light to Health.

At the late meeting of the American Dental Convention, a paper by Dr. Farrar, on "North Light *vs.* Sunlight," was read by the Secretary. The paper related chiefly to the health of dentists, the author holding that steady attention to work in a north light was productive of weakness and disease. Health and comfort suggested the freer use of sunlight, which, according to Sir David Brewster, was the very life-blood of nature. The vital statistics of hospitals would reveal the fact that those who enjoyed the sunlight thrived far better than those who did not. And yet some physicians were so blind to these facts that they persisted in the worship of that dangerous idol, north light. The detrimental effect growing out of the absence of sunlight was seen among the operatives of our factories, among the poor huddled together in dark tenement houses, in their pale, lean, cadaverous faces, and the general air of weakness which seemed to be one of the accompaniments of their existence. The author of the report detailed various experiments made with bay-windows placed in such positions as to get the greatest share of sunlight, and recommended that, where it was possible, dentists should have a southwest bay-window; through which the warm, health-giving rays of the sun could shine from morning till night.

Bodily Recoil.

The curious fact has recently been pointed out by Mr. J. W. Gordon, in the *Journal of Anatomy and Physiology*, that at every beat of the heart the whole body is projected a small but perfectly observable distance in a direction from foot to head—that is, so that any pressure exercised by the feet would undergo a diminution, while a pressure exercised by the head would be increased. When the heart contracts a quantity of blood is propelled down the aorta, while, at the same time, the whole body is caused to recoil with a velocity which bears the same ratio to the velocity of the blood as the weight of blood driven out bears to the weight of the body.

Cauterization in Carbuncle.

Dr. Chavanis, in the *Lyon Medical*, states that in a case of anthrax he employed excision and cauterization with the chloride of zinc paste, and subcutaneous injections of carbolic acid, and salicylic acid internally, but that, on the whole, carbolic acid does not seem to him to fulfill all its theoretical promise. Three cases of Raimbert's, one of Cezarl's, and his own, are favorable to the use of antiseptics; but it is not on so small a number of cases, in which the cure may be due to cauterization as much as to antiseptics, that a new treatment can be based. Cauterization is necessary; carbolic acid may also be employed as an adjuvant, in subcutaneous injections, compresses on the œdema, and also internally, without the pretension of being a specific against anthrax. In all respects iodine seems preferable.

Correspondence.

A Remarkable Case of Sycosis.

Ed. Med. and Surg. Reporter:—

A few weeks since, Aptommas, the celebrated Welsh Harpist, called at the Pennsylvania Dispensary for Diseases of the Skin, and complained of a severe inflammation of the face. The disease involved the entire area of the beard. It had commenced about two weeks previous, and had caused considerable annoyance He said, "Doctor," I have the so-called *Barber's Itch.* On examination, however, it was found that the disease was simply a non-parasitic trouble, affecting the hair-follicles. The parts presented the appearance of a great number of abscesses, varying in size from a pin's head to a large walnut, and attended with a severe burning sensation. The patient's occupation is of a sedentary character. His general health was very poor; in fact, he was physically broken down by overwork. A tonic treatment was ordered, consisting of a simple bitter combined with dilute hydrochloric acid. After responding properly to this tonic treatment he was etherized, and the parts were thoroughly depleted by passing a curved bistoury through the base of the tubercles and abscesses. By this means the pus that had been infiltrated into the cellular tissue flowed out in large quantity, taking off the tension of the parts. A warm lotion of lead water and laudanum was kept constantly applied for a day after the operation. This treatment was employed every other day for a week, the patient always being placed under ether at each operation. At the same time citrate of iron and quinine, in three-grain doses, were given internally three times daily. Cod-liver oil was administered in tablespoonful doses, morning and evening. These remedies, in their action, produced a marked benefit upon the system. The small incisions made by the knife healed very kindly. A liniment was then prescribed, consisting of—

℞. Olei olivæ,
Glycerinæ, āā ℥ij
Sodii boras,
Zinci carbonas, āā ʒj. M.

Sig.—Apply constantly, with a camel's hair brush, to the inflamed surface.

The case yielded very rapidly to this treatment.

This case closely resembled several other diseases, but a careful examination of the patient will point out the true diagnosis, and prevent confounding it with similar affections. The patient above named had sycosis or inflammation of the hair follicles. It is distinguished from tinea barbæ, or barber's itch, by being a non-parasitic disease. In barber's itch the condition is due solely to the existence of a vegetable parasite. Sycosis is confined to the hair follicles of the beard, though it may also be found in other hairy parts of the body. It begins by the development of small pimples somewhat raised above the level of the skin; they quickly pustulate, and are accompanied by considerable swelling of the tissue around the follicles. The fact of the disease being situated in the hair follicles is evident, as every hair pierces the centre of each little lump.

The appearance of sycosis may differ very much after the acute stage has passed. The inflammation may be limited to only a few follicles, and the pustules quickly dry up. In some cases, by high inflammatory action, the surface of the skin becomes thickened. followed by the formation of tubercles and abscesses. In these advanced cases a large quantity of pus is poured out, and the entire surface becomes crusted over. In simple sycosis, during the earlier stage, the root of the hair becomes enlarged and surrounded by pus; this same condition is also at times observed in chronic cases. Barber's itch, or ringworm of the face, generally begins as a small red or scurfy patch, having the appearance of a ring If the disease progresses illy-developed vesicles are formed around the circumference of the patch. It may now be arrested by the application of the proper parasiticides. If the disease is allowed to advance still further the parasite excites so much irritation in the hair follicles, especially if the patient is in poor health, that pustules and abscesses soon follow. The hairs are rendered brittle, their texture becomes altered, and they are frequently mowed down in large numbers, leaving nothing but stubble over the diseased surface. This is the true condition of barber's itch. If pustules and abscesses have formed, and doubt exists as to the parasitic or non-parasitic nature of the affection, then the use of the microscope will settle all dispute.

Sycosis may also be confounded with eczema; the latter is generally preceded by the formation of vesicles, which burst, giving rise to great abundance of moisture. If eczema should begin with, either erythema, papules, vesicles, pustules, or fissures, it is generally accompanied with a catarrhal discharge. If sycosis be attended with crustation, then the two diseases may very readily be confounded. But eczema attacks all parts of the body, while sycosis is only confined to the hairy portions. And finally, when in doubt, resort to microscopic examination of the hairs of the diseased part. In Aptommas' case the hairs remained normally in place; no red or scurfy condition preceded the formation of pustules and abscesses. A number of the hairs from the diseased surface were examined very carefully under the microscope, and no parasite whatever was observed.

Syphilis should not be confounded with sycosis; in the former trouble, if the crusts are removed, a well marked ulcer will be found beneath it, and in the latter there is either none at all or a very little loss of superficial substance. No specific history has been detected in this patient. In sycosis, both gout and dyspepsia greatly aggravate the disease, and specific remedies for these conditions must be used

until the patient is relieved. Attention was paid to the diet of this patient. It was a plain, substantial, and nutritious one, in all respects. All stimulating drinks were denied, also pies, puddings, creams, and dainties of all kinds and descriptions. Good roast beef, lamb, milk, stale bread, and easily digested vegetables were allowed.

In the treatment of this disease Trumann epilates, and locally uses ointments, lukewarm cataplasms, frictions with green soap, etc., and also states that daily shaving materially assists the cure. No good results have followed in my practice by daily shaving the diseased surface. On the contrary, shaving increases the irritation; the ointments, likewise, do more decided harm than good, by matting together the hairs and obscuring the diseased condition. In sycosis, when the curved bistoury has been freely used in opening up the tubercles and abscesses, followed with warm applications of lead water and laudanum, and the constant use of the liniment above named, a decided improvement is observed in a very short time. Although there was a marked thickening of the integument, still Donovan's solution was not used in this case, as recommended by Fox. A thorough course of tonic treatment was relied upon, together with the local means already described.

As it was due, in Aptommas' case, to general debility, therefore, he needed a supporting treatment. And in almost all cases of a like nature the same shattered condition and want of tone is observed in the patient. At the end of three weeks the diseased surface was scarcely apparent. The patient was then sent to the sea shore as a change, and for the tonic influence of the sea-air. Four weeks after this date the patient presented himself entirely cured, no scars or hideous deformity had resulted. The surface of the face that seven weeks previous was a mass of tubercles, abscesses, and unhealthy granulation, now presented a smooth, round appearance, and a perfect model of a healthy Welsh face. J. V. Shoemaker, A.M., M D.

News and Miscellany.

The Yellow Fever in Pennsylvania.

Easton, Pennsylvania, has been excited over a case of yellow fever. The *Express* says: "Charles Stump and Henry Evarts, bricklayers, left Easton about three months since and went to Fernandina, Florida, Evarts taking his wife and child along. The child was attacked with yellow fever and died there. Stump, Evarts and wife evaded the Florida physicians and managed to get out of the State and come North. They reached Bethlehem, where Stump was taken ill, but managed to get to his home, where he has been confined ever since. The physician attending Stump pronounced his sickness yellow fever of the worst form, which had the effect of increasing the excitement which prevailed in the neighborhood."

The Anthropological Exhibition, Paris, 1878.

At the Anthropological exhibition projected to be given in connection with the International Exposition at Paris next year, the Society of Anthropology will be represented by Dr. Paul Broca, who will prepare the regulations, list of members, and in general such work as is usually confided to the Secretary. Dr. De Ranse will be in charge of anthropological instruction, including lectures and everything of an educational character. Dr. Topinard will be the director of anthropology and craniology, including in his charge all anatomical specimens, figures sculptured or preserved, casts, models, paintings, drawings and photographs, and instruments of the laboratory or the collector. M. G. de Mortillet will preside over archæology and prehistoric anthropology, including traces of man in Tertiary, Quaternary, Prehistoric and Protohistoric epochs. This department will have a broad range, from the earliest indications of man's presence down to the migrations of races at the fall of the Roman Empire. The ethnography of Europe will be in charge of M. Gerard de Rialle. This will show, by means of characteristic articles of use or wear, or by pictorial means, the distribution of peoples at the present day, in respect to race, nationality and religion. The ethnography of France and her colonies will be as complete as possible. Statistics and medical geography will be entrusted to Dr. Bertillon. The specimens which indicate the relation of climate, altitude of location, and sanitary conditions in general, to the growth and movement of population, will belong to this division. Linguistics will be in charge of M. Abel Hovelacque; this will include everything relating to philology. Bibliography in general will be under the direction of Dr. Dureau; this will cover all publications relative to anthropological science.

Want of Sanitary Regulation in the Russian Army.

All accounts agree that the Russian army exhibits the utmost deficiency in sanitary arrangement. A correspondent writing from Plevna, under date the 15th August, especially notes that the surgeons-in-chief of the Russian Army "do not pay sufficient attention to the sanitary condition of the camps." In fact, it is the old story, that the medical staff is made responsible for the care of the sick and wounded alone, and that they have no function of preventing disease. Indeed, it would seem as if the prevention of disease and the feeding of the Russian army were left pretty much to chance. The correspondent above referred to describes a state of things with reference to the transport of food and forage during the recent rains in the occupied district, which proves that this essential part of the military organization is under no systematic and intelligent control. The transport trains, he observed, were without officers; no attempts

were made to remove easily remedied difficulties of broken and sodden roads, and they were overcome, if overcome, by mere exercise of brute force, regardless of delay and the needless expenditure of horse-flesh. Carcasses of horses and cattle were left uncovered on the roadside where they had fallen, the decomposing bodies filling the air with offensive and dangerous effluvia. In like manner the camps showed that there was no proper supervision with regard to cleanliness and arrangement.

Religious Insanity in the United States.

Dr. Fisher, after relating (Boston *Medical Journal*, July 19th) some cases of insanity which he regards as mainly produced by a recent revival at Boston, furnishes the result of an examination which he has made of the reports, for 1876, of about sixty of the lunatic asylums of the United States. From these he finds that in the New England States 4 97 per cent. of the total cases are set down to religious excitement; 2.78 per cent. in the Middle States; 7.43 per cent. in the Southern States; and 8.37 per cent. in the Western States. The total number of cases dealt with was 36,983, of which 2144, or 5.79 per cent., were referred to religious excitement.

Horse Flesh as Food.

During the first six months of 1877 the butchers in Paris who deal in horse-flesh have delivered for consumption 5283 horses, donkeys. and mules. During the corresponding period of 1876 the number of these animals slaughtered for food was 4422. The increase is, therefore, of a marked character. The persons who endeavor to popularize the use of horse-flesh affirm that it is more wholesome and more nourishing than beef, although not always so agreeable. Paris contains more than fifty butchers' shops specially devoted to the sale of this article. A very good *pot-au-feu*, it is stated, may be made with the inferior parts, at the insignificant price of *five cents*.

The Plague.

Our European exchanges report the outbreak of the plague at Resht, a town of 50,000 inhabitants on the Caspian sea, in the Persian province of Ghilan. The disease was first recognized in Resht in May, and from that time to the present it has never been absent from the town and surrounding district. Just as in the early history of the malady during its recent outbreak in Mesopotamia, so also here, while presenting all its characteristic symptoms and proving very fatal, the disease has not to the present shown much diffusiveness. In Ghilan, however, the disease manifests no disposition to die out with the setting in of hot weather, as in Mesopotamia, and it appears as if it would continue gradually to increase in prevalence throughout the year. No returns seem to have been published of the number of cases and deaths which have occurred, even in Resht, and it is probable that there is much concealment of the actual facts of the case. Russia is profoundly alarmed for the safety of the Caucasus and of Astracan; indeed, it has been already rumored that cases of plague had occurred in the district adjacent to Baku. Intercourse between the last-named port and the port of Astracan and Enzelli has been stopped, and sanitary cordons have been placed on the routes from Ghilan into Transcaucasia. Moreover, a Russian medical commission has been sent to Resht to investigate the disease and its movements, and to aid the Persian Government if this be possible, in arresting its prevalence. Turkey has, moreover, through its General Board of Health, been giving much attention to the subject, but obviously, in the present state of affairs in Armenia, it cannot protect itself or help, even in appearance, to protect others. By the withdrawal of the regular troops from the province of Bagdad, and from the present disturbed state of the Kurdish frontier, even the *quasi* precaution of putting in force quarantine on the Persian frontier cannot well be adopted.

Personal.

—Dr. Samuel A. Mudd, the physician who attended Wilkes Booth and set his leg after Lincoln's assassination, and afterward was sentenced to the Dry Tortugas, and pardoned by President Johnson, has been nominated to the legislature by the Democrats of Charles county, Maryland.

—Dr. Upham recently illustrated his lecture at Salem by telegraphic communication with the Boston City Hospital, the pulse beats of patients being exhibited by a vibrating ray of magnetic light upon the wall of the lecture room.

—Princess Louise, of Lorne, when she leaves London, orders that the milk from two cows belonging to her shall be given daily to the Victoria Hospital for Children, of which hospital Her Royal Highness is patroness.

Items.

—Contributions amounting to $100 have already been received from American friends of the late Lady Augusta Stanley, to the fund which is being raised for the purpose of perpetuating her memory with the Westminster Training School and Home for Nurses.

—Cremation seems to be progressing in Switzerland. The government of the canton of Zurich has just authorized the process, which is, of course, to be optional, and subject to certain restrictions.

—A contemporary reports that a series of lectures will shortly be given in Paris, at the Morgue, under the authority of the prefect of police. They will commence in November next.

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MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SHALL THE SPREAD OF SYPHILITIC POISON BE PREVENTED?

BY G. B. H. SWAYZE, M.D.,
Of Philadelphia.

(*Concluded from page* 286.)

HOW DOES THE MATTER STAND?

The agitation of the subject of legislation has roused an interest in the minds of women for the welfare of the fallen never before experienced. This is certain to result in some good. We welcome every moral agency set in operation to reclaim the erring. But when the ordinary moral agencies fail, legal means should be employed, and they become moral agencies also. Refuges in America prove insufficient. To reach the case something more direct is needed. Until recently the medical profession has been inexcusably reticent in regard to the remedy. I fear we have been obsequious patronizers of Madam Grundy. If we have avoided the question, through an impression it dare not be broached in ears polite, it is time we disabuse ourselves. While we have maintained silence, women writers and speakers have not shrunk from freely handling this subject with their pens and upon the platform. They have labored to secure the co-operation of the ministers. Through misconception of the subject, many of these have followed such leadership as presented itself, against legislation. Women never despise men so much as when men exhibit cowardice. If the thousands of male physicians in America have no opinions on the subject, is it not time we commence to think. If we entertain convictions, but fear to declare them, then no great cause has anything to expect from our profession. The evil is monstrous, and our responsibility is proportionate to the evil. The people need more and better knowledge. Public sentiment must be enlightened by us. Prof. Gross, thoroughly comprehending our national danger, has fearlessly placed himself at the front, and called for reform. Dr. J. Marion Sims has hastened to join him in resisting the ravages of contagion. The editor of the MEDICAL AND SURGICAL REPORTER has earnestly and persistently maintained that the sanitary supervision of prostitution is an imperative necessity. To his enduring credit, he has, unaided by his fellow journalists, courageously sustained his advanced position on this momentous subject. The day will come when posterity will revere the names of those who braved the waves of prejudice, and raised the beacon of rescue to suffering humanity. But recruits are needed. Without troops, no general conquers the armies of a stubborn enemy. To accomplish substantial results, the ball of reform, when started, must be kept in motion. To this end we each must give it such impulse as our strength and position will admit. The question with each physician should not be "what will they do?" but it should be "what will I do for the cause?" Why the scourge of syphilis should have so long been permitted to sweep through the nation unresisted, will be a problem that future generations will strive in vain to solve. The world awaits redemption from this scourge at our hands. Has man ever undertaken a more humane mission for his fellow creatures?

THE PLANS PROPOSED.

The plan proposed by Professor Gross embraces a number of the features of the St. Louis ordinance. It is uncomplicated and direct; a bill framed in clearest language; enforced by few officers; City Councils and police prohibited from serving on the board; examining physicians to be moral and educated men, appointed by the Board of Public charities; officers and physicians to be scrupulously conscientious in the discharge of duties; inspections to be regularly made; all women found unclean to be placed in quarantine, or under proper restraint; the law to be made to apply to males as well as females; sailors arriving in port, and soldiers stationed in barracks, to be inspected, etc.

Dr. Sims has proposed that syphilis be classed with small-pox and other contagions, and with them be brought under the control of boards of health in towns and cities; these boards to have "the power to search out the abode of syphilis, and to send its victims to hospitals for treatment." He opposes "class legislation" and "legislation that looks to licensing," as measures that "would outrage religious sentiment."

The plan of Dr. Sims is a step in the right direction, but it is a step entirely too short. It would be a source of rejoicing could our boards of health successfully search out the abodes of syphilis, and stamp it out of existence. But could they do so without registration of those engaged in prostitution? And where persons are engaged in the traffic of ill-fame, as a means of gain, is it an outrage upon religious sentiment to assess them, for the support and medical treatment of their infected? If class legislation for the traffic of the liquor dealer or druggist be right, why is it not also right for the traffic of prostitution?

In prostitution a class offer themselves as merchandise, for money, to all who will patronize; the flour merchant and the distiller are compelled to submit their merchandise to inspection; laws applying to prostitutes cannot be considered as affecting all women, any more than laws applying to liquor dealers affect all men; if a class need legislation, such legislation must be right.

Dr. Sims sustains Professor Gross in respect to inspecting sailors, but does not apply the same rule to soldiers.

I have the pleasure of here presenting the Report of the Committee appointed by the American Medical Association at Louisville, to the Section of State Medicine, on the subject of legislation against the extension of venereal disease. This Report has just come to my hands, has never before been in print, and coming, as it does, from the highest medical authority in America, merits special attention at this juncture.

REPORT ON PROPER LEGISLATION TO PREVENT THE SPREAD OF SYPHILIS.

The Committee appointed to suggest "Proper Legislation to Prevent the Spread of Syphilis" beg leave to report—

"That, in their judgment, there is no possibility of stamping out syphilis until all the nations of the world are protected by proper legislative measures. Great difficulties, unfortunately, surround the execution of laws having for their end the prevention of syphilis, and it is impracticable, at the present time, in view of the ignorance and prejudices of men, to secure more than partial legislation looking to this purpose. We can, therefore, only hope to obtain the passage, at first, of enactments having in view the regulation of persons engaged in the military and naval service of the Government, and also those ordinarily subject to the control and supervision of the police and municipal authorities of cities and large towns; though, in the end, we are convinced that the extension of this control and supervision to the whole civil population will be the inevitable legislation of all countries. Even partial legislation will do much good, for syphilis, however and whenever it originates, fixes itself in great populous centres, and has its habitat in the abodes of poverty, filth and vice, rising, in the end, from these conditions to the highest degree of social life, and contaminating whole communities in its march. A law similar in its purposes to the 'Contagious Diseases Acts' of Great Britain, properly adapted to the peculiar temper and genius of our people, and drawn with special reference to the character of our State and national governments, is, we think, both feasible and practicable; and its passage can be secured, we feel convinced, if the medical men of the nation are invoked to use all their personal, social, and even political influence with the legislatures of the different States and the national government. We name the national government for the reason that State legisla-

tion would not reach naval and military stations, and other places under national control. The operation of the Contagious Diseases Acts of Great Britain has been followed by the very best results. We learn, from the Report of the select Parliamentary Committee appointed to investigate the workings of these Acts, that not only has syphilis decreased, but prostitution has diminished, and its evils been much lessened, both in a moral and physical sense. Whilst many women are improved in health, quite a large number are restored to a virtuous and useful life. In adapting the British law to this country, it might be greatly amplified, as it does not extend to jails, houses of correction, and other places of detention for the vicious and depraved; nor does it include seamen and lewd women coming in vessels from foreign ports. One sailor may, as is well known, contaminate half a dozen women the few days he is in port, and these half dozen women may, in turn, inoculate hundreds of men. The provisions of the British law do not also embrace clandestine prostitutes, who constitute the large majority of the lewd women in our cities, and who might, by proper legislation, be brought under the *surveillance* of municipal authorities. This class of women are more frequently the means of communicating syphilis than those engaged in public prostitution. Lock hospitals, too, are not provided for by the British law, and these are indispensable for the proper working out of any plan to prevent the spread of syphilis. They should be established in the cities and large towns that are made subject to the requirements of the law, and at the military and naval stations of the government.

"Your committee have not deemed it expedient to submit the form of a law or laws for your approval, embodying the views herein suggested, not knowing the exact sentiment of the Association in relation to the subject. The framing of the necessary legal enactments would not only require much time, but great judgment, delicacy and care. It has been suggested that a mere enlargement of the powers of the health boards of cities would be sufficient to secure the desired end; and if this view be correct the whole matter would be greatly simplified. To constitute, however, ground for State interference, it must be conceded that the evil is of such magnitude as to endanger the welfare of society at large, and that it cannot be reached by ordinary social or civil means. Can it be doubted, in the present state of our civilization, that syphilis is such an evil, and that, if not arrested, it will lead to the general decadence, and perhaps total destruction, of the race. A congress of all the nations of the earth should be convoked to discuss this subject and suggest plans for international action. A proper time to inaugurate the great work would be during the Centennial Celebration in Philadelphia, next year.

"In conclusion, your committee recommend to the Association, that if the legislative means suggested in this report be accepted, a committee be appointed to prepare proper bills to be submitted to the different legislative bodies of the country, and that the members of the profession be urged to use all their influence to secure their passage."

REQUISITES FOR NATIONAL SAFETY.

Since the reduction of prostitution and the prevention of contagion are the objects for which we are now laboring, there is no reason why we should not include in our legislation restrictions for the man as well as for the woman. It cannot be just to discriminate in the man's favor as regards the extension of privilege. Admitting the fact that in many persons of both sexes an imperious appetite for sexual commerce exists, that is not a reason why one should be privileged to infect others. The inspection of sailors before landing; and of soldiers, including officers, should be statedly and rigidly made whenever the public good would be endangered by the omission of inspection. These examinations could be made by the ship surgeon, and regimental surgeon, respectively; in exceptional instances, the inspection could be made by quarantine physicians and medical officers of public health boards; subjects of infection to be detained in quarantine or hospital until cured. From some army experience, the writer observed that officers were subjects of venereal diseases in as great a ratio as were private soldiers.

To reduce prostitution to its minimum and stamp out syphilis, we need laws that shall *directly apply to these evils.* The enactments could be made to apply to special counties, or to States; but should have reference to States. The law should provide for the creation of public health boards for each county, as subsidiary branches of a State board of health.

Each public health board should consist of an equal number of physicians and intelligent citizens truly interested in the health and welfare of society. Sex should not debar a properly qualified individual from serving on this board. The welfare of society being our object, there can be no doubt that good would result from an increase of the interest of women in the fallen of their sex; hence, in many places, an efficient woman physician should be appointed as assistant to the medical inspector, and should take charge of the examination of females. The public health boards should have authority to exercise all possible sanitary control over agencies that endanger health, especially all contagions. Syphilis being a special evil, special means must be provided for its destruction. Officers should be chosen to make correct registry, from time to time, of all houses of ill-fame, and of all women engaged in prostitution within the limits of the jurisdiction of these officers. All officers, whether medical or not, should be persons well known for conscientious uprightness of character. All persons keeping houses of ill-fame, and all women engaged in the practice or business of prostitution, should be systematically taxed for the purpose of providing a continuous revenue toward the maintenance of an industrial home and hospital in the county in which they reside. This industrial home and hospital should be a truly humane institution, embracing in the principles of its organization the advantages of the refuge, the home, the school of correction and industry, and the hospital. Such an institution could be made one of the greatest blessings of our government. To aid in providing appropriate grounds and buildings for these beneficent institutions, appropriations should be made by each county for that purpose. Sanitary inspection of all women following the vocation of prostitution should be made at least once a week, and whenever any were found to be diseased, they should be required to report at once, in person, at the industrial home, where they would receive prompt medical attention, be properly cared for, both physically and morally, be engaged in some useful occupation under instructive direction, to remain until cured of disease, and if reformation be possible, where they should stay until reclaimed, and be either restored to friends or aided in obtaining a way of leading honorable lives. Upon due examination, each registered woman found free from infection should be furnished by the medical officer with a certificate of health, and accurate record of the same should be made for reference; and any woman found plying the vocation of prostitution without such properly authenticated certificate, should be liable to arrest for endangering the public health in violation of law. The public health board should be fully empowered to ferret out concealed haunts of prostitution, where the business is secretly conducted for the purpose of evading the law, and contagion certain to be spread among the male and female habitues of these places. There is no true reason why the business of prostitution should be clandestinely pursued so as to evade the payment of appropriate revenue, any more than why the distilling of whisky should be clandestinely conducted for a similar purpose.

Women following the business of ill-fame, for the money it can bring them from their patrons, become indifferent to the dangers of infection. One great cause of this recklessness is the fact that so many of these women are addicted to strong drink, and ply their trade while more or less under the influence of intoxicants. Furthermore, disease in the man may frequently be so concealed that the woman, through want of knowledge, would not detect her danger, though desiring to do so. Therefore, to stamp out syphilis, our special enactments should provide that every youth and man resorting to any house of ill-fame as patrons, or who consort with any woman practicing prostitution, shall present or be required to present a properly authenticated certificate from the medical officer of the Public Health Board, or from some other respectable physician in good and regular standing, setting forth that said person is free from specific disease, each certificate to be considered evidence of freedom from contagion for not longer than ten days from its date; each medical examiner to keep true and correct record of each examination of applicants; and any person, male or female, found guilty of making use of a fraudulent health certificate, or of otherwise evading the requirements of this act that apply to them, to be liable to arrest and fine for endangering the public health. All fines should be appropriated toward the support of the Industrial Home and Hospital for women. Since prostitution will always, to some extent, have an existence among us; since there will

always be some ready to give it money patronage, I would not promote its evils by withholding restrictions, nor cheapening its prosecution. If there are men as well as women whose propensities run in the course of ill-fame and danger, justice and wisdom enjoin their compliance with the requisites of public safety. If asked why I do not tax the man who patronizes, as well as the woman patronized, I answer, we must assess the expenses upon the person who conducts the business for its profits. If the business become too unprofitable for the woman to pursue it, then let her abandon it, as I hope she will. I would not smooth and gild the way of evil. The road of danger should be narrowed with restrictions and obstacles. At the same time I would extend to the erring such remedies as will reach them where they are, and will practically promote reformation. In this I would not in the least interfere with whatever good work others are endeavoring to accomplish with other means.

WHOSE IS THE MISSION?

It is needless to say this great work must be the mission of the medical profession. The work could at once be vigorously prosecuted by the great body of physicians composing the American Medical Association. Through the united efforts of this body, the work could be promptly carried into every State Medical Society and County Medical Society in the Union. From these, every medical practitioner in the country could be reached, and his aid obtained. But the work could also commence in any State body or any county society as well. None need wait for others. Prostitution is not peculiar to large cities. It exists in all our towns and villages; and syphilis is being spread from these smaller centres as well as from the larger. The responsibilities of physicians everywhere are alike.

An earnest address or circular, presenting the merits of the work, could be put into the hands of every physician, minister of the gospel, judge of the courts, magistrate, lawyer, statesman, and lawmaker. Every newspaper and other periodical publisher should be furnished with facts on the subject. Religious bodies should be addressed at their meetings; and the coöperation of all good people earnestly invoked. Private meetings of good citizens should be called (as has been recently done in Philadelphia in reference to suppressing by law the traffic in obscene literature), the nature of our dangers explained, and a general interest in their avoidance awakened. Committees could be appointed to arrange and conduct this work, frame suitable bills for legislative action, and aid our lawmakers in giving us such laws as will practically conduce to the promotion of public health and virtue.

Do any say this work involves too much labor? To such we but need to reply that for years the opposers of this reform have been conducting a regularly-organized warfare against legislative interference. Societies have been formed to conduct the opposition; and addresses, public meetings, tracts and circulars, and special periodicals have been freely employed, through the misconception of our opponents, to thwart legislative prevention of contagion. It is, therefore, necessary that we enlighten the public mind, and reconstruct public sentiment in regard to the nature and dangers of the "social evil" that has been so long fostered in our midst. We must demonstrate even to opposers of law and order their mistakes; and they will then cordially rally with us to the support of truth and right. We must convince the people of the merits which animate this reform, and they will sustain it. In short, we must discharge our duties, not merely as good citizens, but as physicians, as sanitarians, as moralists, as philanthropists, let it cost what it may; for our mission is not unto ourselves merely—but to humanity—to God.

CASE OF STRICTURE OF THE RECTUM, RECTO-VAGINAL FISTULA AND POSTERIOR ANAL FISTULA.

BY T. CURTIS SMITH, M. D.,
Of Middleport, Ohio.

On March 25th, 1875, I was called to see Mrs. B., an octoroon. I found her to be a tall, large-boned, but slender woman, aged forty-eight years, of a highly nervous temperament. She was then weak, anæmic, emaciated; pulse 110; feeble. She was unable to sit up, had little appetite, slept badly, on account of her suffering, and a part of her suffering seemed to be purely mental, from brooding over her diseases.

On making inquiry I found that she referred all of her trouble to the rectum. She supposing that she had internal piles, careful examina-

tion disclosed the fact that she had a stricture of the rectum two inches from the anus, that, with considerable force, would barely admit the tip of my index finger. Also a small recto-vaginal fistula, opening into the vagina three-fourths of an inch above the fourchette, from which point it pursued a very tortuous course, opening into the rectum one and a half inches from the verge of the anus. My attention was also directed to a small teat-like eminence posterior to the anus, which upon inspection I found to be the outlet of a fistula which opened into the rectum three-fourths of an inch from the anal verge. Further inquiry elicited the statement from the woman that she had not had a free passage for (as near as she could remember) twenty years, and that during all that time the fecal discharges were of a narrow, ribbon shape, and always very painful. She was and had been very dyspeptic most of this time. The two fistula, she thought, were not more than two years old, but the recto-vaginal might be much older, as she had noticed for several years that the vaginal discharges had a fecal odor.

Here, I thought, was a case to cause a surgeon to think twice before acting, and one requiring a guarded prognosis, for the stricture would be very liable to recur in the future, and the fistula would not likely heal very readily until the constriction was removed, and probably not at all while she continued so anæmic and feeble.

I at once commenced dilatation with the finger, as no instrument at hand would be small enough to pass, but I found my efforts in this direction futile.

At my next visit I introduced beyond the stricture the point of a pair of bullet forceps, with which I could exert considerable leverage; with these the stricture was dilated sufficiently to admit the point of a trivalve French speculum of small size, but which opened widely on pressing the handles, and could be retained at any point of dilatation by means of a set screw. After several forcible efforts with this I got the stricture open enough to permit a slight view of the edges of the stricture; I then took a probe-pointed bistoury and notched the edges freely at four different points. This permitted very wide dilatation to take place, for after cutting the edges the tissues beneath tore freely under moderate pressure. The hemorrhage was free, but not serious. The stricture was dilated daily for a week, and then every other or third day for three weeks longer, at the end of which time no hemorrhage would occur upon dilatation, and but very little pain was produced by it. The passages were now had with great comparative ease, and were always of normal size in diameter and appearance.

Attention was now turned to the recto-vaginal fistula, which I thought could now be cured, as the exciting cause of it was removed, and her general strength, under the use of iron, strychnia, and varied bitter and aromatic tonics, had much improved. I first tried, without much hope of success, the injection of a strong solution of nitrate of silver into the fistula, feeling that I would rather give her this chance for its cure then to open the recto-vaginal septum. This caused a high grade of inflammation through the fistulous tract, but resulted in thribbling the size of the calibre of the fistula. As this seemed to indicate that the vitality of the parts was far from normal, and consequently that they probably would not readily heal, I concluded to give her a fortnight's rest from further operations, and continue the best tonic course I could devise. Accordingly for the next two weeks no operation was done, except the introduction of the index finger twice during the time, to see that the stricture of the rectum did not return.

After the time had elapsed, finding my patient much improved, I had her take a full dose of ol. ricini, and an hour before operating gave a large enema. An elastic ligature was then carried through the fistula, from the vaginal side, and brought out at the anus; the perineal integument was divided, in order, as far as possible, to prevent the ligature from causing undue pain. The ligature was then tightened, and large doses of opium given, to restrain the bowels and prevent undue suffering. The ligature was tightened daily by pressing pledgets of cotton under it at the perineal surface. It required eight days for it to cut its way through the tissues, but as fast as it cut its way, its tract completely healed, so that when it finally came away the fistula was completely closed, leaving nothing but a superficial slit at the perineum, which finally, but slowly, healed. A word here as to the elastic ligature. We have no doubt all noticed that this is called a painless method of dividing tissues. Such has not been my experience with it. In several cases of hemorrhoids where I have used it as a ligature, it caused as much pain and was fully as long

in accomplishing its work as the common silk ligature. In this case I think the woman suffered a hundredfold more from its use than she would had I used the knife, and followed it with quilled sutures to retain the parts in coaptation during the healing process. The result from its use was all that I could well desire, and further experience may prove to me that this was the best method to pursue; but that it is a painless method of dividing tissues is far contrary to my limited experience in its use.

After a rest of near a month, the posterior fistula was treated by introducing a grooved director, drawing the upper end out at the anus and cutting down upon it. The bottom of the fistula was cauterized and granulation from the bottom thus secured.

The patient in the whole course of treatment had gained considerably in strength and flesh, but was yet weak, pale, and troubled with indigestion. The case was now very much simplified. Examination of the rectum showed that two fingers could easily penetrate the strictured portion, and that little further trouble need be apprehended from this quarter, and the building up of the patient's system was the chief object of aim from this on. The whole course of treatment occupied five months, the patient being now in fair health, and states that she can go to stool without apprehensions of fearful and agonizing pain.

SURGICAL CASES.—I. SARCOMATOUS TUMOR. II. VOLVULUS.

BY A. G. WALTER, M. D.

(The following cases, written out by the late Dr. Walter, of Pittsburgh, were among his latest contributions to medical literature.—EDITOR REPORTER).

Sarcomatous Tumor of the Round Ligament, with Symptoms of Strangulation.

Case of Mrs. A. H. W., aged thirty-four years, of Jefferson township, Butler county, Pa.

On August 12th, 1875, I was called to see the patient in consultation, by her attending physicians, they considering the case one of strangulated femoral hernia, and desiring me to operate. I found the patient vomiting bilious matter, her pulse being quick and small, and the expression of the countenance anxious. She had had two stools. There was great tenderness over the whole abdomen and shrinking under the slightest pressure. The thighs were kept flexed upon the abdomen. A firm, oblong swelling, four inches in length by three inches in width, occupied the right inguinal region, and extended from above the external abdominal ring down below Poupart's ligament. It was tense, even, and indistinctly fluctuating, and the labium majus of the same side was œdematous. There was a dull sound under percussion, and pain under pressure, above the tumor, with induration of the deeper abdominal tissues for a distance of seven inches above the left groin. The integument covering and surrounding the tumor was inflamed, hot, red and swollen, a condition which I attributed to the efforts of the physicians at reduction, which I was informed were freely and perseveringly made.

The history of the case prior to the time when it came under my observation was as follows: When two years of age the patient fell upon a piece of wood, after which a small lump was noticed protruding from the external abdominal ring. It was painless, and from time to time varied in size, increasing, and again diminishing. It never became of sufficient size to occasion apprehension. Two months ago the patient was ill with puerperal fever, and at that time her medical attendant failed to discover any sign of a tumor, although he made a careful examination of the abdomen daily. Three days before I was called in consultation the medical attendant was summoned to see the patient, upon which occasion he found her in much the same condition that I did later, with the exception that the bowels were constipated. The patient stated that the tumor had increased to that extent in three days, it having been, prior to that time, of the size of a grape.

Assisted by Dr. Sweet, of Saxonburg, and Dr. Graham, of Butler, the former of whom administered chloroform, I cut down upon the swelling by an ovular incision, and after dividing the fasciæ, which were greatly thickened, and muscles, came upon a sac occupying the site of the round ligament and distinctly fluctuating. I punctured the sac, when some thick, yellowish serum, mixed with whitish flocculi, was discharged. The sac, which was also thickened, was then laid open and found to contain, in addition to an ounce of serum, an oblong tumor, two inches in length by one inch in breadth, of a yellowish-white color and dense

consistence, extending by a narrow neck, of the size of a lead-pencil, through the abdominal rings into the cavity of the abdomen. I removed the tumor by sections, until I had taken away all outside of the cavity of the abdomen. The sac, also, was removed, on account of the fact that its inner surface presented the same thickened and villous appearance that is so frequently observed upon the inner surface of the tunica vaginalis testis in old hydroceles.

The wound was penciled with carbolized oil and its lips were approximated and united by an iron-wire suture. The patient awoke without discomfort from the anæsthetic state, and was treated by morphia and quinia, which were given pro re nata. Carbolized linseed-meal poultices were applied locally, with an ointment consisting of ext. belladonnæ and ung. hydrargyri to the painful swelling of the abdomen. The patient vomited twice during the twenty-four hours following the operation, but the disorder of the stomach was relieved by the use of a seidlitz-powder.

Two days later the patient was reported to be in good condition and rapidly convalescing, she having rested well at night and regained her appetite, and all of the tenderness of the abdominal walls having disappeared. The wound healed, without the surpervention of an untoward symptom, in a short time.

Five weeks after the operation Dr. Sweet reported that the patient had been out of bed for some time and was attending to her work. She had taken but one dose of morphia after the operation, but was kept upon quinia and a liberal diet for several days There was but little suppuration, the wound healed kindly, and no vestige of the tumor remained.

An examination of the tumor after its removal revealed a band or cord of fibrous tissue in the middle, passing through its long axis; the remainder of the mass being apparently composed of condensed connective tissue mixed with a good deal of fat. The sac surrounding it was a serous membrane.

I gave a section of the tumor to a medical friend, for examination under the microscope, but thus far have not received from him a report of its histological characteristics.

Evidently, from its position, origin in the cavity of the abdomen and termination in the labium majus, as well as its structure, the cord of fibrous tissue passing through the tumor was the round ligament; and the tumor, of a sarcomatous character, had grown from it in consequence, primarily, of the hurt received in early childhood. The serous sac surrounding the tumor was the canal of Nuck, and, with the serum it contained, furnished all the necessary data for constituting that rarity in pathology, hydrocele in the female.

The cause of the symptoms of strangulation is rather obscure, but it was in all probability a low form of peritonitis, which accompanied and may have occasioned the sudden increase in the quantity of serum contained in the sac enveloping the tumor.

Volvulus.

Case of Miss E. B., aged 14 years, of Allegheny City, Pa., December 22d, 1874. The patient was the child of unhealthy parents, her father dying of phthisis pulmonalis, and her mother being, for several years past, an inmate of an insane asylum. During the years of infancy and childhood she escaped none of the diseases incidental to those periods, but encountered them all, and recovered without any constitutional defect other than hypertrophy of the heart, which, however, was not sufficiently marked to occasion either annoyance or apprehension. She grew up tall, slender, and sprightly, exhibited a great deal of activity, and passed the greater part of her hours for recreation in jumping the rope and such like exercises.

For the last year she had been afflicted with morbus coxarius of the left side, but the disease had apparently made but little impression upon her constitution, for she was plump, well-rounded, and had a healthy color. She was under treatment for this disease, was apparently recovering, and was walking around on crutches, free from pain, and to all appearances in almost perfect health, when, on May 3d, 1875, she lost her appetite, commenced to vomit, became constipated, and suffered from excessive thirst. Three weeks previously she had been afflicted in much the same way, but on that occasion the symptoms were less distressing, and continued only for a single day. The vomiting became more frequent, and continued for six days, when it became stercoraceous, and as there had been no motion of the bowels during this time, notwithstanding the use of cathartics, the friends of the child became alarmed, and I was sent for.

I found the patient in bed, her face being flushed, pulse and respiration rapid, and tongue

dry. Her breath had a sour, fecal odor. She complained occasionally of pain in the upper part of the abdomen, and pressure applied over the cæcum caused slight pain, but the rest of the abdomen was not painful under pressure. There seemed to be enlargement of the intestine in the locality of the cæcum, with dullness under percussion and slight pain. The abdomen was somewhat tympanitic. The face of the patient wore a rather anxious expression, and there was considerable emaciation of the body.

A flannel cloth wrung out in hot water, and sprinkled with spirits terebinth., was applied over the abdomen, and a large injection of warm water and spirits terebinth. was directed to be given. The following prescription was ordered:—

℞. Hydrarg. submur., gr x
Morphiæ sulph. gr. $\frac{1}{16}$. M.
Sig.—To be taken every three hours.

8 o'clock P. M. She vomited five times, but the ejected matter only once was stercoraceous. The pulse is quick and small, and the respiration deep, and one to every seven beats of the pulse; the skin is damp, and the tongue moist, but there is great thirst. The abdomen is still somewhat tympanitic, and there is some rumbling of gas in the intestine. There is less pain in the bowels, none is occasioned by pressure, and none is caused by moving the body. Large injections of gruel-water with lard and spirits of terebinth. were directed to be given every two hours. The use of the calomel and morphia was discontinued and the following substituted:—

℞. Ammoniæ carb. and
Sodæ bicarb., āā gr.j
Morphiæ sulph. gr. $\frac{1}{8}$. M.
Sig.—To be taken every two hours.

May 19th, 12 M. She has not slept any. Six injections were given without effect. She vomited every half-hour and sometimes oftener. The pulse is very small and 140 per minute, and the respiration is quicker than it has been; she tosses about and sighs frequently; the tongue is moist, but there is great thirst; the cheeks are flushed, the features sunken, and there is considerable emaciation; very little nourishment has been taken, and milk becomes sour and is ejected curdled; the abdomen is more tympanitic; there is scarcely any pain, except under pressure in the region of the cæcum, where a knuckle of intestine swells out prominently at intervals and then disappears; a good deal of flatus is passed; there is some suppression of urine. A long rectal-tube was passed its whole length, twenty-three inches, into the bowel, and a half-gallon of warm water was injected through it; much of the water with a few small pieces of feculent matter passed out by the side of the tube; no movement of the bowels followed; she is to take pieces of ice in her mouth instead of drinking, and is to take quiniæ et opii, āā gr. ss every hour.

May 10th. The same symptoms have continued and increased in intensity. The pulse is very small, wiry and frequent; the skin is dry, cool, and somewhat icterode, and the tongue is dry, coated and brownish. Pain, of a tearing character, about the umbilicus, is complained of. The mind is clear, but the features are more sunken; she is more emaciated and is less able to move herself. Only three ounces of urine were voided in the last twenty-four hours. A vesicans was applied over the region of the cæcum, and a half-gallon of cold water was injected into the bowel, but came away without effect.

May 11th, 12 o'clock, M. In the afternoon yesterday the condition of the patient improved greatly, and although there was no movement of the bowels, yet all of the untoward symptoms disappeared, and her condition warranted a favorable prognosis. Towards evening, however, there was a return of the unfavorable symptoms, and being now fully satisfied that they were not occasioned by impaction, I explained to the friends the possible utility of gastrotomy and requested permission to perform the operation. My request, however, was not acceded to. The patient rested with her eyes slightly open, dozing quietly from midnight till morning, but occasionally was delirious. She hiccoughed several times. She took nourishment at intervals with whisky-punch. She lies in a dozing, apathetic condition, with a cool skin and flushed cheeks. The tongue is dry, and the teeth are covered with sordes. The pulse is very feeble and cannot be felt at the left wrist, and the respirations are very profound. The abdomen is more tympanitic. A half-pint of urine was withdrawn with the catheter. A suppository containing ext. belladonnæ, gr. ss, and pulv. opii, gr. j, was introduced into the rectum.

8 o'clock P.M. The patient has remained in much the same condition, but has grown feebler, and has hiccoughed frequently. She answers questions correctly, but is apathetic. A catheter was introduced, but the bladder contained nothing. The patient is moribund.

May 12th. Her condition varied but little; she continued dozing, respired heavily and slowly, hiccoughed a good deal, and died at two o'clock, A. M.

Autopsy, ten hours after death. There was no rigor mortis, and the abdomen was still warm. The back and limbs were discolored; the abdomen was tympanitic. The omentum, of a purple hue, owing to venous congestion, was found spread all over the intestines and adhering, near the pubes, to the parietal portion of the peritoneum, which appeared healthy.

The intestines were greatly dilated with gas; the duodenum and jejunum were of the natural color, and no abnormality or obstruction was present. At the distances of two and nine inches respectively from the cæcum, the ilium was tightly constricted by two bands of the mesentery, which effectually prevented even the passage of gas. One of the bands, that nearest the cæcum, was short, being apparently a portion of the meso-cæcum, while that furthest from the cæcum was a loop, eight inches in length, and formed a part of the mesentery, and was attached high up upon the spine, upon the same plane as the stomach. That portion of the ileum between the two constrictions was of a purple color, and it had apparently gone some distance toward gangrene; it was much contracted, and contained nothing. The mesenteric veins were enlarged and purplish, and the whole cavity of the pelvis was of a purplish hue. The bladder was empty, and its walls were thickened; the kidneys were large and congested; the fallopian tubes were of unusually large dimensions, as regards both diameter and length.

Editorial Department.

Periscope.

Chlorate of Potash as a Specific in Diphtheria.

Our readers will not have forgotten the very able article on this subject by Dr. Drysdale, in the Reporter, March 17, 1877. In further support of his views, we quote the following, from a paper by Dr. Sealig Müller, in the London *Medical Times and Gazette*, August 25:—

Everybody knows that, of all remedies internally made use of against diphtheria, chlorate of potash has figured for a long time as the most useful, and has been constantly recommended anew in compendiums of treatment. But no less it is known to every physician how little, when used in doses and degrees of concentration commonly applied, this remedy can pretend to the name of a successful one against diphtheria, else there would not have been internally and externally tried, recommended, and applied, so many other remedies besides chlorate of potash. Now, however, I depend on chlorate of potash in saturated solution—

℞. Chlorate of potash, grammes 10
Aq. dest., grammes 200

every hour or every two hours a spoonful—and nothing else! Gargling, anointing, brushing, and cauterizing, all this management, as time-wasting for the physician as tedious for the little patients, may be omitted, without the physician accusing himself of neglect. Indeed, one needs not to be a homœopathist to feel very comfortable at this quiet *laissez-aller* in cases where one was to be incessantly on the move, and to be worn out with anxiety by the crying and spitting of the children, and all in order to arrive at nothing but the dying of the patients!

During the five years that I have ordered no other remedy against diphtheria besides our saturated solution, this remedy has proved successful in all cases of diphtheria, except a few that were neglected in the beginning, in which the blood was already profoundly altered, and systemic poisoning had occurred when I was consulted.

Method of Administration.—You have to give the above-named saturated solution of chlorate of potash (five per cent.) as long as there is to be found any relic of diphtheritic deposits; at the commencement, every hour; later, if the case progresses favorably, every two or three hours. To children above the age of three years a whole spoonful, and to those under that age half of one; mark well: during the beginning, day and night, without intermission. You have not to add to this solution any syrup or any other ingredient to sweeten the savor, because of the risk of diminishing surety of effect. Besides, I have had only a very few

children under treatment who would not take it without any forcing. Do not forget that drinks must not be allowed for some minutes after the administration, lest the solution might be washed away too quickly from the fauces. It is not necessary to add that I have ordered sometimes the same solution as a gargle when the children were capable of using it. I also washed the mouth and fauces with a sponge saturated with the same solution, or I introduced it through the nostrils by means of a nostril syringe, or by ordering the patient to sniff it in. But all this management is superfluous, and serves only to quiet the parents, lest they may think you have neglected something. Finally, it may be repeated that it is abundantly established by clinical experience that the internal medication alone is sufficient in all cases.

Mode of Action.—The symptom you will see disappear first is the fetid breath. I, myself, have seen the most penetrating odor removed within a few hours. At the same time, the diphtheritic deposits will diminish apparently, the sores that were at first covered with a creamy pus clean quickly, and an ulcer will remain behind which is disposed to rapid cicatrization. But what is most astonishing is the quick amelioration—not to say recovery—of the general state. Children whom I found in the evening, when I was called in, reduced by exhaustion and fever, the next morning were sitting up in their beds, fresh and without fever, demanding food, and playing. The cases in which I was obliged to employ any other medicament beside the chlorate of potash were extremely few, when some quinine was given for exhaustion.

On Rupture of the Membranes in Labor.

Dr. William Stephenson, Professor of Midwifery in the University of Aberdeen, in an article in the *British Medical Journal*, proceeds to discuss the diagnosis of the conditions which warrant us in having recourse to rupture of the membranes before the full dilatation of the os. The first point is the determination of the degree of expansion of the lower uterine segment. We have seen that the size of the external os is no criterion of expansion. The os, in fact, may be very small, and yet expansion may be complete. It is by the internal os that we can best judge, but this is hard to reach, and difficult to determine its exact site. There is one means, however, of ready access, whereby we can form a proximate opinion; it is the degree of dilatation or updrawing of the vaginal cul-de-sac. This is a point which has been entirely left out in the consideration of the progress of the first stage. It is a matter of common experience to find, in the class of cases where we feel something is required to promote a labor with tardy dilatation of the os, that the upper part of the vagina is well expanded and drawn up, greatly increasing the perceptible diaphragm of the cervix, which alone obstructs the continuity of the developed canal. Now, we know that the longitudinal muscular fibres of the vagina run upward, and are continuous with those of the body of the uterus, and that the attachments of the uterus in their upper portion correspond with the internal os. This portion, then, cannot undergo expansion without carrying with it the tissues which are in connection therewith. Consequently, we find that, as the first stage of labor advances, the upper part of the vagina is dilated until it seems to coincide pretty closely with the upper part of the bony canal. When, therefore, a considerable portion of the lower segment of the uterus can be felt in the vagina, and not merely through its walls, expansion is certain to be complete, whatever may be the size of the parturient ring; and the tissues composing it are those of the cervix proper, and not the uterus. Under such circumstances, I believe the membranes may be ruptured with advantage. It is, however, unnecessary, in many cases, to wait for the full development of the condition above described. I have taken the extreme state as being most readily understood, and indicating the direction in which our observations should be made.

Another class of cases, or it may be only an additional character to those of the first, are where the action of the uterus seems to be effecting, not steady dilatation, but extreme thinning of the tissue of the cervix; and also where the head is felt to be in close contact with the parturient ring, there being little or no bag of waters.

The next point to be considered is the quantity of liquor amnii; not the actual quantity, as is generally referred to when speaking of it being present in excess, but the proportion its amount bears to the size of the child, and also to the capacity of the amniotic sac. This latter is rarely quite filled; otherwise, it would remain much more tense than it usually does in the intervals between the pains. If it be nearly or entirely distended, it will interfere with the power of restitution of form, by preventing alteration in the form of the uterus, and consequent action on the fœtus, even though the actual quantity of waters is not greater than ordinary. In this circumstance, it must be regarded as really in excess, quite as much as where there is excess in actual quantity. Undue tension, therefore, of the membranes during a relaxed state of the uterus must be regarded as unfavorable to the mechanism of labor, and as warranting an earlier rupture of the membranes than under other circumstances.

The liquor amnii must also be considered in excess, irrespectively of actual quantity, if it be unduly great in proportion to the size of the child. Here, again, it interferes with the action of the force which restores form, or the axial force. If, therefore, the parts of the child be not recognizable externally with ordinary facility during a relaxed state of the uterus; if ballottement be unusually facile, and especially can be felt during a pain, the probability is

that there is a true excess of liquor amnii; and this condition would fully warrant the rupture of the membranes before the full dilatation of the os; the other conditions being favorable to the operation.

Nerve Stretching in Neuralgia.

Two cases of nerve stretching for neuralgia are given in the *Revue des Sciences Medicale*. The first recorded was a patient of Paul Vogt's, who had wounded the inner aspect of her right forearm by falling upon a cutting instrument. After the wound had healed, there was much impaired movement of the ring and little fingers, attributed to involvement of the flexor tendons in the cicatrix; and at the same time the seat of the scar was exquisitely sensitive, especially at one point, which, on being touched, gave rise to acute pain, radiating into the fingers named. Every movement of the hand was painful; and at first the pain was thought to be due to the presence of a foreign body in the wound. An exploratory incision failed, however, in discovering any such cause for the irritation of the nerve, and the patient's condition remained much the same, until, about a year after, Paul Vogt dissected out the ulnar nerve from the cicatricial tissue surrounding it, and, raising it out of its bed, practiced stretching of the nerve in both directions. The operation was immediately followed by the disappearance of the neuralgia, and in a few weeks the movements of the hand and fingers were re-established. There was no recurrence of the symptoms three years after the operation. The second case is related by Petersen, in which an extensive wound of the upper and inner part of the left leg was followed, on healing, by very severe attacks of deep-seated pain, again suggestive of the presence of some undetected fragment of metal with which the wound was inflicted. In this case also no foreign body was found on cutting down upon the injured limb; but Petersen ascertained that the posterior tibial nerve was very sensitive, and that there was some extravasated blood in its sheath. Stretching was practiced, and with the same fortunate result as in Vogt's case.

Removing Foreign Bodies from the Œsophagus.

Dr. Reeves says, in the Melbourne *Medical Record*, "The plan is exceedingly simple, and it may be said to be the same as that adopted for extracting pieces of cork from bottles, the only difference being that the ends of the wire are bent outward and upward, instead of inward, and in place of a wire ring to compress the prongs, a large-sized catheter is passed down to their extremities, which, when the wires are passed beyond the obstruction, is drawn up to allow the prongs to expand. The instrument is made in the following manner: Three or four pieces of elastic wire, from twenty to twenty-four inches long, are twisted together down to within half an inch of their extremities, the extreme ends of which are curved outward and upward, and carefully filed down, to prevent their injuring the coats of the canal. A piece of large-sized catheter of the same length is passed down, to prevent the prongs expanding, the extremities fitting well over the ends of the catheter, to admit of the instrument readily passing beyond the obstruction, without driving it deeper into the canal. The instrument, with the prongs closed, is passed down the gullet, well beyond the piece of bone or money, and the tube is then drawn up, the prongs expanding, bringing with it the foreign body. Some difficulty may be experienced with fine long fish-bones, from the extremities of the prongs not being able to obtain sufficient hold upon them to loosen them from their attachment to the mucous membrane; but if a little floss-silk is passed loosely from the extremity of one prong to the other, this will be overcome."

Blood-letting in Uræmia.

A paper appeared recently in the Glasgow *Medical Journal*, by Dr. Robert Kirk, of Glasgow, on uræmia, with cases of scarlatinal dropsy, treated by blood-letting. The first case was that of a young man who, after a slight attack of scarlatina, was attacked with frequent convulsions. The attacks became very strong, and nearly continuous, with tonic and clonic spasms, and occasional stertorous breathing. In one of these there were violent convulsions, unconsciousness, foaming at the mouth, with dilated pupils. He was at once bled from the arm to sixteen ounces, three men holding the patient during the operation. The fits ceased almost immediately, a sort of comatose sleep alone remaining. This was about 8 P. M. Next morning, at six, he awoke, said he felt well, and took some food. The wound, moreover, had burst open, and he lost a good deal more blood, but his pulse was of the natural standard, and he was not the worse for the loss he had undergone. Diuretics were then administered, which brought away plenty of albuminous urine, loaded with lithates; he was discharged at the end of six days, and when seen six months afterwards, he was in the best of health, and not at all anæmic. Another case—a very bad one—appeared to show the good effect of local blood-letting in acute pulmonary œdema. Again, a boy of ten, is seized with violent convulsions, with only brief intermissions. Ordinary treatment is of no avail. He is bled from the arm, to twelve ounces. The fits immediately cease, and sleep supervenes, from which he wakes up apparently well, the urinary secretion is restored, and his health rapidly established.

In every case in which Dr. Kirk has tried blood-letting in scarlatinal dropsy, it has proved eminently successful; and he would not hesitate to try the remedy again, "in preference to a farrago of sudorifics, diuretics, and purgatives, having always the lancet in reserve in case of

danger." Nor is he quite singular in his practice, for it appears that Dr. Bramwell, of Perth, published in the Edinburgh *Medical Journal*, for July, 1875, a notice of thirty-two cases of scarlatinal dropsy, in which he frequently had recourse to general abstraction of blood, with the result of only one death out of the thirty-two cases, and that a case which was seen too late for treatment to be of any service. Among his cases were some of both pulmonary œdema and convulsions, in the treatment of which he resorted to depletion, with unequivocal success, whether it was practiced at any early stage, or not until those complications set in. He also generally found, as did Dr. Kirk, that free diuresis set in forty-eight hours or less after blood-letting.

Treatment of Pleurisy.

In the Lyon *Medicale*, Dr. Alix states that among 155 cases of pleurisy without tubercular complication, he had four deaths He gives digitalis at first whenever the temperature is somewhat high, whatever may be the amount of effusion, while absolute rest and a moderate diet are insisted on. The digitalis is continued in lesser doses for a longer time than in pneumonia, in consequence of the diuretic action attributed to it. When the temperature, which is never very high in pleurisy, has fallen, repose still being insisted on, he orders opium, and, if the pains are sharp, hypodermic injections, to secure sleep. When the effusion is only slight, the effects of the opium and warm bed are assisted by the application of large diachylon or pitch plasters to the thorax. It must never be forgotten, in treating pleurisy, that even in the most simple cases it is a disease of long duration; and it is forgetting this fact that has led to the hasty application of blisters and other painful means. Sometimes Dover's powder or diuretics may be prescribed; and in cases in which there is only a medium amount of effusion, absorption will take place just as quickly as under the use of revulsives. When the effusion, on the contrary, increases and becomes dangerous, paracentesis should be performed, the patient being placed in the recumbent posture, and the liquid only being slowly and partly withdrawn, when absorption will remove the rest. The operation should not be performed during the process of the formation of the fluid, as by disturbing this it may induce suppuration. It is, in fact, but rarely required.

Ergot in Goitres.

Dr. J. G. S. Cogshill describes a case of goitre, in the London *Medical Times and Gazette*. He proceeds:—

As the usual remedies had been tried in vain, and the patient had positively declined a surgical operation, I determined to endeavor to reduce the tumor by injecting a solution of ergotine hypodermically. This treatment of tumors was, I believe, first suggested by Prof. Hildebrandt, of Königsberg, and used successfully in a fibro-myoma of the uterus. He employed an injection of a watery solution of three grains of ergot in glycerine. I used, in the present case, the ergotine disks of Messrs. Savory & Moore, which are most convenient, and thoroughly reliable. In all sixteen injections were made over the tumor, and as closely in contact with its substance as possible. I commenced with one disk, equal to one-third of a grain, and increased the amount gradually to three disks, equal to one grain of ergotine. They were simply dissolved in distilled water, and injected at blood heat. The first four injections were made daily, the next four at intervals of two days, and the others at longer intervals, the whole extending over two months.

The results were soon apparent, and were most satisfactory. The tension and dense consistence of the tumor first of all diminished rapidly, with great relief to the dyspnœa and dysphagia. The whole mass became gradually reduced in size, until the left lobe, which had always been the least, returned to its natural size, while the right and middle lobes certainly returned to half, at least, of their former dimensions. It is to be noted that, although the injections were at first, and for the most part, made over the right or larger side of the tumor, the left and central portions became much more rapidly, and to a comparatively greater extent, reduced in size. The nutrition of the entire body seems also to have been influenced to some extent by the remedy, for although the patient was by no means obese, she lost fourteen pounds in weight during the two months, but with no loss of strength or other deterioration of health.

On Sprains.

In a paper read before the Kentucky State Medical Society, Dr. R. O. Cowling calls to mind the importance of the subject, and quotes the quaint title given by Sayre to one of his essays, "Sprained Ankle, or, the Misfortune of not Breaking your Leg," as being a statement containing much truth. The diagnosis is considered as sometimes hard between it and fracture, or even it and dislocation.

In considering the pathology of sprain, the writer states that much less attention is paid to diathesis than formerly, and that we look more to the local condition of affairs for a solution of the difficulty. Among the causes of chronic sprain are placed high-heel or run-down boots, and, in one instance, the continual lifting of a heavy coffee-pot. Languor of the circulation is the key to most of the conditions in sprain.

The author makes a good point in stating that, "as violence instituted the acute sprain, prolonged rest is the chief factor in keeping up chronic sprain."

As to the cachectic condition often connected with chronic sprain, he believes it to be an effect rather than a cause of the local trouble. He is of the opinion that struma, rheumatism and syphilis

"are often blamed for what they do not deserve; and this accounts for the barren results of oils and iodines on the one hand, and the good results of local means on the other. While tonic treatment may be needed, local measures are most important. His treatment, condensed, is: "immobilization, mobilization and extension. Mobilization may be sudden and accompanied with friction and massage. There may be also used adjuvants of treatment, constitutional and local." Acute sprain is treated by immobilization. Bathe in hot water—better than cold—and use until comparative ease is acquired, then the joint is made immovable by the many-tailed bandage. After five days, or so, a plaster-of-paris dressing is applied. Other useful, practical remarks are made concerning the treatment of acute sprain, which space will not allow us to copy. Chronic sprain requires passive motion. He shows us that the achievements of Hutton and other "bone-setters" depended upon this principle of treatment. Every joint not plainly inflamed was considered out. Manipulation is performed, a pop is heard, the joint is in—while it was really the noise of the breaking up of adhesions.

A very interesting and practical monograph, and well pays a careful perusal.

Pressure in Popliteal Aneurism.

An instructive hospital case is reported in the London *Medical Times and Gazette*, by Dr. E. L Hussey of Oxford.

At the time of admission to the hospital, the skin of the thigh and groin seemed to be too tender to bear pressure; the patient was therefore ordered to remain in bed, with the limb bent at the knee and resting on a pillow. By degrees he became able to bend the leg fully, so as to bring the heel almost to the tuber ischii, and to keep it in that position for several hours at a time. The pulsation in the swelling was checked, but never completely stopped.

March 19th. A large compress of flannel was placed under the knee upon the popliteal space, with the intention of making additional pressure upon the tumor; and the leg was bound, in the bent position, to the thigh by several turns of a flannel roller. The compress produced so much pain in and around the knee that the patient removed it in the course of the night. The large veins of the leg and thigh were observed next day to be distended; the roller was therefore removed, and the patient was trusted to keep the limb fully bent, the best way he could, by his own efforts.

On the 26th, about eleven o'clock in the morning, a narrow bag of canvas, having the pointed end filled with sand, was loaded with shot (to the weight of eleven pounds and a half), and suspended from the rod which supported the curtains at the head of the bed. A piece of wash-leather was laid loosely over the groin, and the weight, placed upon the artery where it passes over the pubes, as trusted to the patient, as on the former occasion. With the weight in position, the circulation was fully controlled. The pressure was continued with more or less efficiency during the day, and in the night. The weight was not easily kept in place over the artery, nor was the pulsation in the tumor completely stopped with the limb in the bent position. After a trial of two or three hours the bent position was abandoned, and the limb was allowed to rest in an easy position, lying rather on its outer aspect.

About three o'clock in the following morning the patient thought that the pulsation in the tumor had ceased, and he took the weight off the groin. After breakfast he found the beating had returned, and he replaced the weight. In the middle of the day the swelling was examined by the house-surgeon. He found that the pulsation had ceased altogether, and he removed the weight. From this time there was not any return of it.

Although the patient was an intelligent man, taking an interest in the treatment, he became restless under a continuance of pain and confinement. A pill with morphia was given to him before the weight was put in position; it was repeated during the day and again at night. During the treatment, morphia in solution was also several times injected under the skin.

On April 7th, the patient was allowed to get out of bed, and to lie on the settee in the ward. He found the left foot to be much colder than the other, and he put on two worsted stockings.

He left the Infirmary on the 18th, able to walk well. The swelling in the popliteal space was much smaller than at the time of admission, hard, and not compressible. The anterior and posterior tibial arteries could not be felt at the ankle or in the foot.

Phosphorus Poisoning Attended with Cranial Hemorrhage.

We quote from a German exchange illustrations given by Heschl of cranial hemorrhage as one of the effects of poisoning by phosphorus.

In one case, that of a laborer, nineteen years old, by reason of the universally diffused hemorrhages, the fatty degeneration of the pancreas, kidneys, liver and muscles, phosphorus poisoning had been diagnosticated, and whose existence also, later was demonstrated by a post-mortem examination. In this case a hemorrhage the size of a walnut was found in the middle of the centrum ovale of the left hemisphere.

The doctor also states that he had opportunities of observing a case, in connection with Dr. Fürstner, for over a year, of an exactly similar case This was an unmarried pregnant woman, who suddenly aborted, and, on account of right-sided phenomena, was brought to the infirmary for convulsive diseases. The autopsy revealed numerous hemorrhages in the cortical substance, especially in the left frontal lobes.

Fürstner has succeeded experimentally, in dogs, in producing brain hemorrhages by the subcutaneous injection of oil of phosphorus.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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PREMIUMS AND INDUCEMEMTS.

From and after the first of October we are offering to all *new subscribers* the Reporter for *fifteen* months (October 1, 1877, to January 1, 1879) for *five dollars*, one year's subscription price.

That our old subscribers may also receive an equally liberal offer, we make them the following proposition.—

Any old subscriber who will send us one new subscriber to the Reporter, remitting ten dollars to cover the two subscriptions, will receive the Physician's Daily Pocket Record for 1878, or the Half-Yearly Compendium for 1878, *gratis*, as he may prefer.

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REMARKS ON PRESCRIPTIONS.

While we are of opinion that the use of Latin in writing prescriptions is an absurdity, only defensible on the ground not long since ingeniously urged by Dr. George M. Beard, that it has a beneficial psychological effect on the patient (*omne ignotum pro mirifico*), nevertheless, if written at all, it should be with some general reference to grammar. So long as the *Dispensatory* retains the Latin names, it is proper to write the Latin forms. The difficulty is that there is not that uniformity in the latinizing of new words which is necessary to secure propriety of expression.

Take chloral hydrate; the usual form of the genitive seems to be *chloralis hydratis*, or else *chloral-hydratis;* but the German Pharmacopœia makes the nominative *chloralum hydratum*, and the genitive, of course, *chlorali hydrati*. This authority has, also, *glycerinum*, *glycerini*, where we, with certainly greater propriety, make a noun of the first declension, *glycerina*, *glycerinæ*.

The salts of the metals are usually latinized by us into feminine nouns of the third declensions governing a genitive, as *potassii permanganas;* while the Germans make them neuters of the second declensions, e.g., *kali hypermanganicum*, *natrum bicarbonicum*, *plumbum aceticum*. In these last examples we note how the adjective takes the place of the noun in our form, *plumbi acetas*.

It would be easy to multiply such examples, showing how wide is the discrepancy between "the learned language" of pharmacy in different countries. Verbal criticism is thrown away, when authorities thus differ.

The signs used in ordinary pr scriptions have long been blocks of offence to some scrupulous minds. The mysterious ℞ which heads the prescription, like the dollar mark ($), remains a puzzle for antiquaries, as to how it originated and what it means, the parties who claim it as an abbreviation of *Recipe*, and for the sign of the planet Jupiter, being about equal. As for

the ℈, and the ʒ (so easy to confound with ℥) the British Pharmacopœia, as long ago as 1864, recommended "all who prescribe and dispense medicine" to discontinue their use, as nuisances; to which recommendation the persons referred to have paid no manner of attention. Grave mishaps from confounding them, either owing to the haste of compounders or the cacography of prescribers, continue with wonted regularity.

The convenient measures of so many drops or teaspoonfuls for dosage have never yielded an inch of ground, in spite of the fact that teaspoons vary in size as much as beer mugs, and that while forty five drops make a drachm of water, it requires nearly three times as many (accurately speaking, one hundred and twenty) to make a drachm of laudanum.

Probably the better way to overcome all these troubles would be, not to seek reform by half measures, but with one fell swoop turn the whole regiment of apothecaries' weights and measures, and the whole army of Latin names, out of the Dispensatory and Pharmacopœia, and supply their place with English names and metrical weights.

Notes and Comments.

On Phosphaturia.

Dr. Mallez, of Paris, at a recent meeting of the Société de Médecine Practique, read a very interesting paper on "Phosphaturia," and calcareous incrustation of catheters left permanently in the bladder in the treatment of certain affections. It is a well-known fact that all foreign bodies introduced into the bladder become rapidly covered over with ammoniaco-magnesian phosphate; and instruments introduced by the surgeon are, of course, subject to the same law. But this species of petrifaction is produced more or less rapidly according to the proportion of phosphates contained in the urine; and this proportion, according to Dr. Mallez, varies (1) with the conditions of alimentation; 2, with the state of irritation in the urinary apparatus; 3, the quantity of urine excreted, the proportion of phosphates being the same; lastly, with the functional disorders of the spinal marrow, and particularly with depressing affections of the brain. In illustration of the last-mentioned condition, Dr. Mallez presented to the Society a catheter that he had removed from a patient suffering from general paralysis, and which, at the end of forty-eight hours, was so incrusted that he had great difficulty in withdrawing it. Dr. Mallez at the same time submitted to the Society some catheters, the vesical extremities of which were so coated with ammoniaco magnesian phosphate that the original thickness of the instruments was nearly doubled. From this circumstance Dr. Mallez comes to the following conclusion: "That, in all cerebro-spinal affections of a depressive character which necessitate the use of the catheter, the instrument should be replaced at the end of thirty-six or forty-eight hours, and never be allowed to remain beyond that time."

Treatment of Migraine.

According to M. Hervez, of Chégoin, migraine is an arterial neurosis which takes its origin in the great sympathetic nerve, and its seat is in the nervous filaments which accompany the arteries, whilst it manifests itself in the dilatation of these vessels, and in the compression of the brain and other organs it produces. The treatment of migraine consists in combating the tendency to periodicity, the pain and the arterial dilatation. M. Hervez finds the following prescription of essential value in fulfilling those indications. He gives every day one pill containing about one grain of sulphate of quinine, one grain of tannic acid, and a seventy-fifth of a grain of aconitina. The dose may easily be increased to three or four such pills daily.

The Nitrate of Silver in Laryngeal Phthisis.

Dr. James Sawyer, of Birmingham, says, in a recent lecture: When the mucous membrane (of the larynx) is swollen or ulcerated, we ought regularly to brush it twice or thrice a week with a solution of nitrate of silver of the strength of one drachm of the salt to a fluid ounce of water. In this remedy, so used, I have had abundant ground for confidence; and I have found this kind of local treatment especially reliable in relieving or removing the difficulty of deglutition, which is often such a prominent and painful symptom in laryngeal phthisis. I suppose the nitrate of silver acts beneficially in

these cases mainly by deadening the morbid sensibility of the tumid and ulcerated mucous membrane; and it thus, by diminishing the tenderness of the parts, renders swallowing less painful, and also, by lessening the sense of laryngeal irritation, abates the tendency to coughing. In many cases, in order to produce these good results, it is sufficient to apply the remedy only to the swollen epiglottis and arytæno epiglottidean folds without carrying the brush within the rima glottidis. In simple chronic laryngitis, the application of a solution of nitrate of silver to the mucous membrane of the larynx is often of service, but it causes considerable pain, and sometimes rather alarming spasm.

Puncturing Hepatic Cysts.

At a recent session of the Medical Society of Paris M. Dieulafoy communicated an interesting case of hydatid cyst of the liver, cured by capillary puncture. The patient was a man, aged 31; he had been afflicted with a bulky abdominal tumor, situated in the right hypochondrium. The patient stated that he had an attack of urticaria about three years ago, and then pain in the right shoulder, and pleurisy in the right side. Two years ago the abdomen began to enlarge. At the time he was seen the patient's respiration was most labored; he had no appetite, and his strength was diminishing rapidly. M. Dieulafoy practiced capillary puncture, with the No. 2 needle of the aspirator, assisted by M. Monod, who had called him in in consultation. The puncture permitted the escape of two thousand two hundred grammes of liquid (near half a gallon British), which, on examination by the microscope, presented characteristic hooklets. Almost immediately afterward there came on a general eruption of urticaria, which as rapidly disappeared. The patient recovered perfectly.

The Treatment of Sciatica.

Dr. Flemming gives, in the Berlin *Klinische Wochenschrift*, the results of his experience of forty cases of sciatica treated by a sand-bath. The patient is placed in a kind of trough, and the affected limb is surrounded by sand, at a temperature of 100° Fahr. or more, for half an hour; after this, a warm water bath is administered. Recovery is stated to take place, upon the average, after twenty-four sand baths.

Salicylates in Diabetes.

Dr. Muller Warnech, of Kiel (*Berlin. Klin. Wochensh.*), has tried the salicyla e of soda in two cases of diabetes mellitus, and finds:—

1. That it removes the symptoms, though not always permanently.

2. The symptoms disappear the more rapidly the larger the dose.

3. In moderate doses (9 or 10 grammes daily), its influence soon becomes exhausted, but larger daily doses (14 to 16 grammes), exert an increasing effect on the diabetes.

4. Salicylate of soda can be used without disturbance of the general health for a long time in diabetes. Any symptoms of poisoning at once disappear on stopping the medicine for a time.

5. Salicylate of soda has only a slight irritating effect, even if given for a long time, on the kidneys.

Sebstein, of Gollinger, used it in diabetes in 1876, with great benefit.

The Extirpation of Goitres.

Statistics are given in the *Deutsch Militarartz*, 382, of all cases hitherto published, from which we learn that of 82, in which the whole tumor was removed—but probably not the whole thyroid—28 died; of 17 cases in which the total extirpation was certain, 2 died; 25 partial excisions, 5 died. The entire mortality amounts to 27 per cent., and it appears that the removal of the entire thyroid, if more difficult, was not more dangerous than partial excision. The latter operation should always be undertaken when only a single lobe is diseased.

Correspondence.

Death-Bed Studies.

Ed. Med. and Surg. Reporter:—

Your editorial on death-bed studies calls to my mind a statement recently made to me by Mrs. E. M. Saxton, a lady now living in New Orleans, and highly respected for her literary and social virtues. She states that when she was a young girl, in her teens, she dreamed one night that her dead uncle Lawrence and her own mother came to her, and the uncle said he was coming to take her stepmother away with him. The stepmother was then in good health. She was so impressed with the thought that it woke her up, and she jumped out of bed in her night dress and ran to her father, to tell him of it. The father scolded her so hard, and seemed

so vexed, that he ordered her never to mention the matter again. In a day or two after this the stepmother, while with an excursion party, met with an accident which caused her death. When dying she exclaimed, "See! uncle Lawrence has come for me!" Mrs. Saxton is sure the stepmother did not know of the dream, and that it was a real vision to her. Suppose you ask your readers to report cases which have a similar bearing. M. L. Holbrook, M. D.

Puerperal Eclampsia.

Ed. Med. and Surg. Reporter:—

I beg leave to say to Dr. E. G. Carpenter, of East Greenwich, R. I., that I do not call the case he reports one of real puerperal eclampsia. I have known females to have similar "fits" during a severe menstrual period. All convulsions from uterine irritation are far from being "real puerperal eclampsia." The following case, in brief, is similar in some respects to Dr. Carpenter's.

Mrs. W. J., German descent, aged 28, stout and apparently healthy, eighth pregnancy, seventh month, or thereabout. Fell in labor July 16th, 1877. I was called at 4 P.M. Had never attended her before. Had had "tearing pains" for a number of hours before I was called. For about five hours she had severe, and almost constant pains, when she was delivered of a small, shriveled, puny child, that lived a few hours. During these five hours she had several convulsive seizures; some of them, in fact, pretty smart convulsions. But how entirely different these were from a real true eclamptic fit, which I had witnessed in other cases, and in one just a few weeks previous There was lacking the horribly distorted features, the livid face, purple lips, bloody foam from the mouth, the protruding and oscillating eyeballs, the stertorous breathing, the insensibility, and that peculiar, indescribable appearance that strikes terror to the hearts of the friends of the woman who is the subject of a real eclamptic seizure.

After Mrs. J's. first so-called "fit," she stated to me that she always had such spells during every one of her labors. She was a great sufferer from after pains. She said that she usually had them for three to five days, and had never been relieved by anything. I thought that I could soon arrest them; but for twenty-four hours she had pains, fully as severe as they were before the birth. I sought for the cause in vain, and only arrested them entirely after thirty hours, by the use of morphia hypodermically administered, with chloral hydrate and potassa bromide by the mouth.

But, Mr. Editor, I wish to say that since my former report of six fatal cases of puerperal eclampsia, I have seen three genuine cases recover. The agencies which led to this favorable result, were, first and foremost, *blood-letting*, after the advice of Dr. Hiram Corson, of Conshohocken, Penn., and secondly, chloroform, thoroughly administered. Gentlemen may talk, and report cases of puerperal convulsions cured by any other method, but I am quite sure that I shall continue to treat these cases by the method which has given me my only favorable results. I would reiterate, too, the advice of Dr. Corson, to bleed largely; be sure to take enough, with the firm belief that it is your sheet anchor, your only hope in real cases. And further, I would earnestly urge that every medical gentleman, before he leaves college, or his preceptor's office, to assume the grave responsibilities of a practitioner of our art, should be instructed, by practical example, how to perform the little operation of venesection. I know that such teaching is not fashionable now a days, and as a consequence there are medical men who have practiced a decade of years and have never done the operation, who then are for the first time called upon to perform it, and sorry work they make of it, too.

Spring Valley, Minn. R. L. Moore, M D.

News and Miscellany.

The Diseases of Morocco.

An interesting account of the diseases of the interior of Morocco is given by a writer in the *Medical Times and Gazette*. He says:—

It is certain that phthisis is very rare in Morocco. Three cases only were met with; one was that of a man who seemed to have contracted it from a rigorous imprisonment of thirteen years at Mequinez. This is the more remarkable, because scrofula in its external forms is not uncommon in children. Bronchitis is not unfrequent, and the same may be said of chronic rheumatism. No case of acute rheumatism was met, and diseases of the heart appear to be unusual. Dyspepsia, often of a severe kind, is exceedingly common, and is to be attributed to the voracity with which the Moors devour their *huscusoo*, and, amongst the better classes, to the practice of drinking very hot, very sweet, and very strong green tea several times a day. Cases of diabetes were also seen. The Moors lay great stress on fatness in their wives and concubines; and the ladies who have the misfortune to be thin form a large proportion of those applying for medical aid, with the hope of being able to attain the proper *embonpoint*. Barrenness is a frequent subject of complaint, and in the case of old men increase of virile power to a most unreasonable extent is also demanded. Skin diseases are very common, especially of the scaly class. But leprosy, which prevails in the city of Morocco, seems not to be indigenous at either Fez or Mequinez. A curious skin affection was met at Mequinez; it was that of a young man, a Jew, the cuticle of whose palms and soles had long continued to be shed in large thick flakes, as sometimes occurs after scarlet fever. He denied having had syphilis. Notwithstanding that the heads of all young males are invariably kept more or less closely shaved, scurfy ringworm (*tinea tonsurans*) is so prevalent that it may be safely

said to be universal amongst children. Its commonness prevents its being regarded as worth interfering with; and one is never asked to prescribe for even the worst cases. After puberty it wears out, and it is rare to see an adult affected. Ophthalmia of a virulent and (most likely) highly contagious kind is frightfully common. Flies, which swarm everywhere, may be seen crowding round inflamed eyes, the owners of which are too indolent to be at the constant trouble of driving them away. These insects are probably a constant means of communicating the disease. The number of people one meets who have lost an eye is remarkable, and besides these there is a larger number affected with opacities of the cornea in one or both eyes. Except in the case of beggars, the totally blind are not much seen in the streets. Another thing which calls the attention of the observer is the number of people who have lost noses. This, of course, points to the prevalence of syphilis. Notwithstanding the jealous way in which women are guarded in Morocco, prostitutes, Moorish as well as Jewish, exist in all the towns, and syphilis prevails among them. In the absence of all proper treatment, the ravages of the disease are very marked.

Sanitary Laws of Holland.

The sanitary laws regarding infectious diseases in Holland are models in their way, and are rigidly enforced. In 1865 it was made compulsory upon every medical man to give notice to the Government Medical Inspector of his province, and also to the mayor and aldermen of the town, within three days after he became aware that his patient was suffering from a disease that was dangerous to the public health; but, as the diseases were not specified, the law was in practice only a permissive one. In 1873 the law was amended; a list of diseases was added, including cholera, typhus, typhoid, scarlatina, diphtheria, measles, and subsequently dysentery; and the householder as well as the medical man is required to give notice to the mayor and aldermen within twenty-four hours after the nature of the disease is known. On receipt of the information, the mayor is bound to cause the house to be marked with a placard on which are the words "Contagious Disease," and the name of the disease in large letters. The mayor must also provide for the stamping out of the disease by disinfection, or, if necessary, destruction of infected articles, in which case he must allow compensation. The infected person is prohibited from going to another place, and children from the house are not permitted to attend school until eight days after the disease has ceased to exist, and the house has been disinfected to the satisfaction of the medical inspector of the province, or of a qualified medical man. When a disease is epidemic, the numbers of fresh cases and deaths are published by the mayor every week. Dr. L. J. Egeling, of The Hague, the Senior Inspector of Holland, thinks that the working of the law is satisfactory, and that Holland has gained much by it. In Amsterdam and other towns, pollution of air, soil and water is prevented, by the adoption of the Liernur pneumatic system.

Sickness in the Russian Army.

London, October 11th.—The *Standard's* Nicopolis special correspondent says he has trustworthy information that cold, rain, and lack of winter clothing are causing great mortality in the Russian-Roumanian army. The number of deaths within the last twenty days are: Of the army before Plevna, 5000; of the Czarowitch's army, 4700; in the Dobrudscha, 3000, and at Tirnova and Schipka, 2000. The estimated total number of the Russians across the Danube is 230,000. The mortality is most frightful. Hospital gangrene, dysentery, and typhus are the main agents, and a wretchedly inefficient sanitary supervision the cause.

The Cholera.

The cholera is decreasing in the coast towns of China, but is still prevalent in the interior. There is great distress everywhere, from famine, caused by short crops and the ravages of locusts. Heavy floods are announced in the Southern Provinces. The Asiatic cholera has appeared in Yokahama and Nagasaki. Foreigners, so far, are exempt from the disease, and among the Japanese it is under good control. Ample precautions have been taken, and no spread of the disease is anticipated. The foreign ships of war have all left the harbors, to avoid it.

Women as Medical Students.

A correspondent of a British cotemporary writes from Paris: The general excellence of the examinations passed by the ladies, who are graduating here on precisely the same terms and at the same examinations as the men, affords an interesting commentary on the theoretical observations in the opposite sense. The seriousness and excellence of their studies is much remarked, and their results at examinations are much above the average, in some cases showing a high order of capacity and great industry.

Professorial Longevity.

The following interesting item is furnished by Professor L. A. Dugas to the New Orleans *Medical Journal*:—

"In 1832 the Medical College of Georgia was organized by six professors, four of whom are still holding professorships, having delivered their forty-fifth course of lectures last winter. These are: Lewis D. Ford, M.D., LL.D., Professor of Practice; Joseph A. Eve, M.D., Professor of Obstetrics; Louis A. Dugas, M.D., LL.D., Professor of Surgery; Paul F. Eve, M.D., Professor of Surgery."

The Wagner Free Institute of Science

Opened its winter course October 1st. The lectures are as follows: Monday, Geology, by Professor R. D. Pease, M. D.; Tuesday, Architecture, by Professor C. E. Binder; Wednesday, Physics, by Professor John Child, PH D.; Thursday, Anatomy and Physiology, by Professor C. C. Vanderbeck, M. D., PH. D.; Friday, Astronomy, by W. Curtis Taylor; Civil Engineering, by C. Henry Roney; Saturday, Elocution, by H. L. Thomas, U. S. A. The lectures will commence promptly at 8 o'clock. Tickets may be had by application to Messrs. James W. Queen & Co., No. 924 Chestnut street, or Professor W. Wagner, corner Seventeenth street and Montgomery avenue.

The Yellow Fever.

A number of cases of yellow fever of malignant type have occurred at Port Royal, South Carolina. The epidemic at Fernandina has continued with unabated violence. Urgent appeals have been made to the Mayor, and we are glad to say they have been nobly responded to Nevertheless, great suffering has resulted, from want of medical supplies and nurses. Dr. T. P. Weford, one of the physicians who went to Fernandina from Jacksonville when medical aid was asked, is among the sick, and was reported dying. A dispatch from the Mayor of Port Royal says: We are in a deplorable condition here. There are now forty-eight cases of yellow fever under treatment. We are in want of food, nourishment and means to procure nurses for the sick. There are not enough convalescents to care for the sick.

Personal.

—Dr. E. O. Shakspeare, who was lately appointed ophthalmic surgeon of the Philadelphia Hospital, has been awarded by the trustees of the Massachusetts General Hospital the Warren triennial prize of $400, for an essay "On the Healing of Arteries after Ligation." This prize was awarded only once before, when it was gained by another Philadelphian, Professor H. C. Wood, of the University of Pennsylvania.

—Professor Erasmus Wilson, F.R S., at whose expense Cleopatra's Needle is being conveyed to England, is preparing a popular work on the subject of obelisks, which will serve as an introduction and explanation of the monolith.

—The death of Mr. Samuel Warren, author of that remarkable work, "The Diary of a London Physician," cannot be allowed to pass without regretful remark. Mr. Samuel Warren was made Master in Lunacy in 1859, and has not of late years been much before the reading public. His last considerable work was a novel—"Ten Thousand a Year"—but it is by the "Diary" he will be remembered When a student of medicine at Edinburgh University, nearly half a century ago Mr. Warren obtained that acquaintance with the more personal aspects of our profession which he evinced throughout the series of papers in *Blackwood*, afterward published as the "Diary."

Items.

—At the ninth annual meeting of the Medical Society of the City of Wheeling the following gentlemen were elected officers for the ensuing year, to-wit: President, W. J. Bates, Sr.; Vice-President, L. D. Wilson; Secretary, D. B. Ward; Treasurer, J. C. Hupp; Curator of Museum, D. B. Ward; Board of Censors, Drs. Frissell, Hildreth and Hazlett.

—Despatches from Lourdes are printed every day in the Paris *Univers*, with such headings as "Three more miracles before midday," "Six more cures effected," and "Four new cases;" and then follow the names and addresses of those represented as cured, and descriptions of their ailments.

—At Cleveland, Ohio, a permanent organization has been formed by the friends of dumb animals, the name being the International Humane Society, with Edwin Lee Brown, of Illinois, Henry Bergh, of New York, and a number of gentlemen from different States as Vice-Presidents.

—The skeleton of a woman, lately sold to satisfy a claim for rent, against the estate of a country physician, had inscribed upon it:—"Miss Ida Montague, aged twenty-two years. Died of grief, May 25th, 1856. Her death-bed request: 'Honor your sanctum with my bones.'"

QUERIES AND REPLIES.

The Hair.

Can any of your readers recommend anything for promoting the growth of the hair? In a case which I am treating all efforts have proved unavailing. Perhaps some one may suggest something which I have overlooked.

PHILADELPHIENSIS.

Dr. A. J. M. would be glad to receive suggestions for the cure of the opium habit.

MARRIED.

RICHARDS—WHARTON.—On the 11th inst., by Rev. W. C. Robinson, 1437 North Twelfth street, D. John N. Richards, of Fallsington, Bucks county, and Miss Rebecca A. Wharton, of the same place.

DEATHS.

GRIFFITH.—At Parsons, Luzerne county, Pa., October 2d 1877, Nellie Chisolm, youngest daughter of Dr. M. M. and Maggie Griffith, aged 6 months and 24 days.

MAHARG.—On September 18th, 1877, at Davenport Centre, Delaware county, New York, Arthur E. Maharg, aged 23 years 10 months and 17 days, only son of Samuel Maharg, M. D., and brother of Gertrude A. Maharg, M. D.

DUCRO'S
ALIMENTARY ELIXIR,

A COMBINATION UNITING THE PROPERTIES OF

ALCOHOLIC STIMULANTS AND RAW MEAT.

This preparation, which has been used with great success in the hospitals of Paris, since 1868, is adapted to the treatment of all diseases requiring the administration, in a small volume, of a tonic able to stimulate and support the vital forces, as *Pulmonary Phthisis, Depression* and *Nervous Debility, Adynamia, Malarious Cachexia, etc.*

Prepared by DUCRO & CIE, Paris.

DOCTOR RABUTEAU'S

(Laureate of the Institute of France.)

DRACEES, ELIXIR & SYRUP

Of Proto-Chloride of Iron.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules.*

"The ferruginous preparations of *Dr. Rabuteau* do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hopitaux.*

Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily because of its agreeable taste.

DOCTOR CLIN'S

(Laureate of the Faculty of Medicine of Paris. Prix Monthyon.)

CAPSULES AND DRACEES

Of Bromide of Camphor.

"These remedies are prescribed when it is necessary to produce an energetic sedation on the circulatory system, and particularly on the nervous cerebro-spinal system.

"They constitute one of the most energetic *anti-spasmodic* and *hypnotic* medicines."—*Gazette des Hopitaux.*

"*Dr. Clin's Capsules and Dragees of Bromide of Camphor* are those employed in all the experiments made in the Hospitals of Paris."—*Union Medicale.*

Dr. Clin's Capsules contain 4 grains, and the Dragees 2 grains, of genuine Bromide of Camphor.

N. B.—*Dr. Clin's Gluten Capsules* are very rapidly dissolved in the stomach, and should be preferably employed for a long treatment, and when the administering of Bromide of Camphor at a great dose would be considered as beneficial.

Prepared by CLIN & CO., Pharmacists, Paris.

DOCTOR GIBERT'S
DEPURATORY SYRUP AND DRAGEES,

OF IODIZED DEUTO-IODIDE OF MERCURY.

These preparations have been approved by the Academy of Medicine of Paris, and have been thoroughly tested in the hospitals of Paris in the treatment of *Syphilitic, Scrofulous* and other affections requiring the use of iodized remedies.

They are recommended for the utmost accuracy of composition, and their perfect preservation.

Prepared by VAUQUELIN-DESLAURIERS, Chemist, Paris.

E. FOUGERA & CO., Agents, New York.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly* ; the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say : —

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THE
MEDICAL AND SURGICAL REPORTER.

No. 1078.] PHILADELPHIA, OCT. 27, 1877. [Vol. XXXVII.—No. 17.

Original Department.

Communications.

REPORT ON THE RELATIONS OF THE DRAINAGE AND SEWERAGE OF PHILADELPHIA TO THE PREVALENCE OF TYPHOID FEVER IN THAT CITY.

Read by Dr. Cleemann, before the Philadelphia County Medical Society.

The greater healthfulness of Philadelphia as compared with that of some other large cities in America, its average mortality, calculated over several years, being thirty-four per cent. less than that of New York city, and thirteen per cent. less than that of Boston, is perhaps a sufficient reason why problems in State medicine have attracted less public attention here than in some other places.

However, the nearly doubling over the average rate for several years of the number of deaths from typhoid fever in Philadelphia last year, an increase which must be looked upon as startling in the mortality of a disease considered by sanitarians as "preventible," should prove a sufficient stimulus to banish this culpable apathy. And when we learn that during the same period the deaths from the fever in New York city, notwithstanding its greater general insalubrity, numbered but 200, while with us, among a population twenty-five per cent. less, they reached the figures 774, we will naturally turn to the peculiarities of our local surroundings in searching out the causes of our greater affliction.

Now, in England, where especially public hygiene has been the subject of careful observation and study, the methods of drainage and sewerage and their defects are considered of supreme importance in the question of the presence or absence of typhoid fever. Hence your "Committee on Hygiene and the Relations of the Medical Profession to the Public" appointed one of its membership to furnish a report on the "Relations of the Drainage and Sewerage of Philadelphia to the Prevalence of Typhoid Fever in that City." It is that report which I offer to-night, not as exhaustive of the subject, but rather as a nucleus around which may grow, I hope, a profitable discussion of this important matter.

The great number of observations which have now been accumulated of the coincidence of local outbreaks of the fever with the exposure to inhalation of air, or to the drinking of water, which has been contaminated by the exhalations or soakings from privies and foul sewers, allows the inference that the decomposition of organic matter lies in a causative relation to typhoid fever.*

But the freedom from the disease in many cases where the putrescence was very conspicuous, as, for instance, in London, in the summer of 1858, when the water of the Thames was in a frightful condition from the presence of decomposing sewage,† has led, with other reasons not necessary here to be enumerated, to the reservation that another factor is wanted to determine an outbreak of the zymotic, namely, the presence of a specific poison.‡ And so

* Murchison; Treatise on Continued Fevers of Great Britain, second edition, pp. 471, *et seq.*, London, 1873.

† Simon; Report of Medical Officer of the Privy Council, new series, No. II, p. 10, London, 1874.

‡ Budd, *Lancet*, vol. II, 1859.

often has the fever attacked those who have come in contact with the putrefying alvine excreta of those sick with the disease, and epidemics have occurred after such matter has been deposited among decomposing organic substances previously innoxious in this direction, that the opinion has gained ground that the suspected poison has its nidus among the fæces of the typhoid fever patients.*

While the above inferences may not yet be accepted by all as final, they have at least enough testimony in their favor to warrant their use as the basis of practical action, and I will express them in the following propositions:—

1. Typhoid fever results from the action of a specific poison, which has found its way into the human system.

2. The poison resides among the immediate products of the decomposition of organic substances.

3. The source of the poison is within the intestines of one already sick with the disease, whence it passes out with the dejecta.

In the light of these dicta, it is evident that the relationship of the drainage and sewerage † of a town to the prevalence there of typhoid fever, is to be defined by the agency of their processes in—

(*a*) Preventing dampness of the soil (which would furnish one of the conditions of putrefactive action).

(*b*) Removing all organic refuse, susceptible of decomposition, especially excrementitious matters, with their possible contamination of typhoid fever poison.

(*c*) Favoring, through defects in the system, the introduction of noxious matters into the breathing air.

(*d*) Leading to the impregnation of drinking water with the same.

If we go back into the development of the system of drainage and sewerage in Philadelphia, we shall find that originally surface drainage alone was practiced here. Inclined gutters were made along the sides of the streets, advantage being taken of the natural slopes toward the neighboring rivers and their contributing streams, which intersected the rather uneven plot on which the city has been built, and into these gutters smaller ones led from the houses. As the town increased in size, however, territory was taken up for building lots, in which a sufficient fall for the gutters could not be obtained without cutting off larger areas of surface than was practicable, and then underground drains were introduced for these places, in connection with the open gutters; these were circular in form, of large size, built of brick, and discharged into the rivers or streams; they were laid on such a plane that the tide would flow up them on the flood, to recede on the ebb. In time, also, the borders of the smaller streams were filled in, and the flowing water confined in brick culverts of similar construction to the drains just described. Up to this period the functions of the system were merely the removal of the storm water, the overflow from hydrants, and the refuse washings from the kitchens. In later years, however, a modification in the arrangements of the system in some parts of the city accompanied an addition to its functions. Water closets were introduced into the houses, the pipes of which led directly to the large brick drains; and connections were made from "stationary" wash basins and "sinks" in the same manner. As the sewer is laid under the street on which the house is situated, this necessitated that all the pipes communicating with it from the rear of the dwelling should pass through or under the house, to reach it.

Such, briefly, is the system of drainage and sewerage as it is found in Philadelphia to-day. Applying to it the tests above proposed, it is clear that, as constituted before the complicating innovations last mentioned were added, which, indeed, are still confined to the lesser portion of the city, it can hold but small relation, for good or for evil, to the prevalence of typhoid fever. In this earlier simplicity it does, indeed, in some measure, prevent dampness of the soil, but it bears away comparatively little organic matter, and that little unmixed with human excrement. On the other hand, though the large size of the drains and the roughness of their brick interiors may permit the accumulation of noxious matters within them, which may become contaminated in some unknown way with the poison, yet the foul exhalations cannot enter directly the houses, since it is to be borne in mind these have no immediate connection with the sewers, but will escape freely through the untrapped sewer inlets, and become

* Budd, *Lancet*, vol. II, 1859.

† These are considered together, as the means employed to secure the one generally embrace also the measures to accomplish the other.

diluted to a harmless extent before reaching human nostrils. A reservation must be made here, however, in regard to an indirect evil of this system of drainage; the passage of the waste water from the house, over a considerable distance before the sewer is reached, allows a portion, charged with organic particles, to soak through the often ill-paved surface of the gutters, to contaminate with putrescible matter the soil beneath. Here it meets with the soakings from the privy vaults, which occupy positions in the house-yards, and the conditions are aggravated for producing there the typhoid fever poison, which will be in the way of doing its deadly work when, for any reason, this earth is upturned to the upper air. Like evils may arise about the sewers themselves, since the bricks of these are sometimes laid without mortar.

But with the additions of the later years entailed upon our system of drainage, can we not discern a more direct bearing for it upon the extension of typhoid fever? While it may be acting a good part in removing some of the excrement which would otherwise lie close to our doors, will not these solid matters accumulate very quickly in sewers made as ours have been seen to be built, with a view to the carrying off of liquids only, which exacts but slight fall and little smoothness of interior? And will not the tide-compressed atmosphere of the drains, infected from these accumulations, which have come from a population among which the fever is endemic, force itself, with fatal concentration, through defects in the construction or condition of the house-connecting pipes, into the dwellings?

Affirmative answers to these questions seem to be *a priori* required, but the conjectured effects, if they really exist, are not of sufficient magnitude to appear when the statistics of the Health Office are consulted.

Thus, referring to the records of last year's mortality for that part of the city formerly known as the "city proper" (5th, 6th, 7th, 8th, 9th, and 10th wards), in which the obnoxious modifications of the system of sewerage are most numerous, I found that there occurred in this district, which has a population of 130,000 souls, compassed in an area of two and a quarter square miles, thirty-four deaths from typhoid fever, exclusive of the hospital cases. Now, searching out the residences of those persons who died from the disease, I learned that these were situated, in twenty-four instances, on streets on which no sewers had been laid, while in but ten were they so placed that a connection with the drains was possible.

But a most important consideration remains, as to whether, since the sewers discharge into the rivers from which we draw our water supply, this has not become sufficiently polluted to sensibly multiply the cases of fever.

We cannot determine this point by a direct examination of the water, since the mysterious poison has so far eluded the penetration of the microscope, and the analysis of chemistry. It is true we may estimate by the latter the degree of sewage contamination, but, important as such pollution may be when the specific contagium is also present, we have seen that it is of no importance, as far as typhoid fever is concerned, when this is absent. We have only the special effects of the poison upon the community to guide us in its search. An intelligent examination of these, however, will lead us, I believe, to a satisfactory solution of our problem.

It seems to me fair to assume that, in districts the inhabitants of which are supplied with infected drinking water, the universality of exposure on the part of the communities to its evil effects will lead to a quite uniform distribution of the deaths induced by it over them. And conversely that, where this distribution is found to be very unequal, any marked influence of the drinking water in causing the disease may be denied. Now, having recourse once more to the health records of the city, I discover that the death rate from typhoid fever, for August and September of last year, over the district described above, all of which is supplied from the Fairmount Reservoir with Schuylkill water, varied very much. The part east of Seventh street gives a ratio of but 1.3 deaths per ten thousand of inhabitants, while that on the west reaches the figures of 3.4 per ten thousand. Further, among the municipal divisions drawing their water from the river Delaware, the contiguous Twelfth and Thirteenth Wards, with a united population of 30,000 people, furnished, during July and August of the same year, only five deaths from typhoid fever, while the Nineteenth and adjacent Thirty-first Wards, containing together 70,000 inhabitants, gave a mortality of nineteen. These differences are sufficient, I think, to exclude the idea of the drinking water being seriously, if at all contaminated.

The explanation of these apparently anomalous results is, perhaps, to be found in the smallness of the number of house connections with the sewers, the flushing effects of the rain showers common in the warm weather, and the large volume of the streams into which the drains discharge.

I am led, then, to the conclusions that the system of drainage and sewerage of Philadelphia does almost nothing to prevent the spread of typhoid fever; but that, on the other hand, it stands for little in its development; yet that it possesses some elements of possible danger; and if we would banish the insidious enemy from among us we must look to other means than this system, or else change its methods and enlarge its functions. Should the latter course be decided upon, a system should be so devised that the pipes might carry away all the excrement which now lies rotting in the privy-vaults, and that the kitchen and other waste water might reach the mains without coursing over the intermediate ground. The sewers themselves should be constructed of glazed earthen ware, of smaller calibre, oval in section, and with greater incline, that liquid matters might not penetrate their walls, and that solids might more easily, completely and quickly pass along them. Their outlets should be within intercepting mains laid along the banks of the rivers, these mains themselves to discharge a sufficient distance below the mouths of the supply pipes of the reservoirs of drinking water, and to be so arranged that the tide might not invade them. The dangers of the contamination of the house atmosphere from such a system can be successfully opposed by properly trapped pipes and well placed ventilating shafts.

CASE OF TRAUMATIC TETANUS TREATED SUCCESSFULLY WITH LARGE DOSES OF CANNABIS INDICA AND STIMULANTS.

BY ISAAC N. SNIVELY, M.D.

(Read before the Franklin County Medical Society, January 6th, 1874.)

John Harvey Miller, aged nine and a half years, on the twelfth day of November, 1874, jumped from a tree, and ran a sprig of apple limb into the sole of his left foot. He pulled it out, as he thought, but unfortunately a portion remained in the wound, which healed over, and gave no trouble until November 27th, fifteen days after the injury, when he commenced complaining of pain in his foot and stiffness in his back.

November 28th. The pain increased, and the stiffness extended itself to his neck and jaws.

November 29th. These symptoms still further increased.

November 30th. His back became quite rigid and painful.

December 1st. Convulsive movements commenced.

December 2d. Pain and convulsive movements increased, and became so violent that, in the night, I was sent for. I prescribed one-sixth of a grain of sulphate of morphia every two hours, until he was rendered comfortable.

December 3d, noon. Now, for the first time, I was able to see the case personally. A careful examination of the foot revealed a portion of the sprig of apple-wood, which was removed. He was suffering with trismus, opisthotonos and pleurothotonos. The body was drawn on the side of the injured limb. His jaws were completely locked, the faculty of mastication being entirely abolished. Attempts at deglutition excited spasm in his throat, of a most distressing character. Fluids were swallowed with great difficulty, a portion always forcing their way into the nose. There was great distress in the region of the diaphragm. The muscles of his spine were so contracted as to draw his body into a complete arch, it resting principally on the occiput and heels, inclining on the left or injured side. The least noise or excitement would throw him into spasms, convulsing his entire body, and greatly increasing his general suffering. His bowels being constipated, I ordered a brisk purgative and ten drops of Keith's concentrated tincture of cannabis indica every half hour, gradually increased, until the system was brought fully under its influence. Pulse 140 per minute; temperature 104 degrees. Milk was administered, through a nursing bottle, as freely as he was able to swallow.

December 4th, noon. Pulse 130; temperature 103½°. He was freely purged, quite nervous, and considerably prostrated, but continued under the influence of the cannabis indica, rendering him tolerably comfortable. My Keith's preparation being nearly exhausted, I ordered some pure tincture from Mr. C. H.

Cressler, druggist, Chambersburg, Pa., who informed me that it was prepared from the fresh drug.

December 5th, noon. Condition much the same. Before receiving a fresh supply of the tincture cannabis indica, my patient was without the medicine three or four hours, when he grew much worse. I ordered the drug to be given freely until he was brought fully under its influence.

December 6th, noon. Pulse 130; temperature 102½°. Patient irritable and easily excited. He takes a fluid drachm of the tincture every half hour.

December 7th, noon. Pulse 130; temperature 102½°. The rigidity of the muscles is still very great, but he continues to take plenty of milk. His bowels are moved once or twice daily.

December 8th, 1 o'clock P.M. Continues the same. I notice an eruption all over his body, produced, no doubt, by the free use of the cannabis indica.

December 9th, 1 o'clock P.M. Continues the same. He sleeps very little and his pulse is becoming alarmingly feeble.

December 10th, noon. He sleeps very little, and in consequence his nervous prostration is very great, and he is now bathed in profuse perspiration. I am giving, in conjunction with the milk, as much good rye whisky as he can drink.

December 11th, noon. Feeble, but continues his medicine, stimulants and nourishment, sucking them through, between his teeth, from a nursing bottle.

December 12th, noon. Continues the same.

December 13th, noon. He refuses his medicine and milk at times, and consequently suffers more than he has for some time. His nurse says he always grows worse as soon as the tincture is suspended.

December 14th. He is apparently sinking. His friends refuse to trouble him further by "forcing nourishment and medicines into him," as they express it. I insist upon a continuance of the treatment according to my former directions, notwithstanding the apparent hopeless condition of the case

December 15th, noon. Pulse 128; temperature 102°. Skin more firm. His bowels continue to move once or twice a day. He is again more comfortable.

December 16th, noon. Pulse 120; temperature 101°. The tincture is now given in two-drachm doses every half hour. He slept two hours last night. This was the first real tranquil sleep he had since he was taken ill.

December 17th, noon. Pulse 114; temperature 100¼°. Slept nearly all night. Convalescence is being established.

December 18th, noon. Pulse 108; temperature 99½. Did not rest so well, but general improvement continues.

December 19th, noon. Pulse 108; temperature 99½°. There is less rigidity. He asked for some beef, but was unable to masticate it. His jaws open about one-third of an inch.

December 21st, noon. Pulse 100; temperature 99°. Less rigidity. He continues the tincture in smaller doses, and not so frequently repeated. Yesterday he became somewhat intoxicated, from the effects of the whisky. His system is more sensitive to the effects of medicines.

December 23d, noon. Pulse 100; temperature 99½°. Convalescence continues.

December 24th, noon. Pulse 100; temperature 98½°. Rapid improvement.

December 27th, noon. Pulse 100; temperature 98½°. Continues taking a small quantity of the cannabis indica. He is very anæmic. I ordered a solution of chlorate of potassa and tincture of iron, in addition to what he is taking.

December 29th. Pulse 105; temperature 99°. Appetite good, and able to sit up a portion of the day. The left, or injured foot, is left stiff, but is daily improving.

January 6th. Dismissed the case.

Having seen a good many cases of traumatic tetanus treated, during the late war, and since, with opium, bromide of potassium, chloroform and blisters along the spine, but no recoveries, and being impressed with the idea that the chances of life would be much enhanced if a substitute for opium could be procured which would not constipate the bowels, I was induced to give the cannabis indica a fair trial, and have now the pleasure of giving you the happy results. A number of my medical friends saw this case, and all considered it entirely hopeless.

The cannabis indica, in morbid states of the system, causes sleep, allays spasm, composes nervous inquietude, and relieves pain, differing from opium, in not diminishing the appetite, checking the secretions, nor constipating the

bowels. The extract of cannabis indica, when of good quality, will affect the system in doses of from one-half grain to a grain Since this plant has these valuable properties over opium, have we not under-estimated its therapeutic value, especially in treating diseases of the nervous system?

P. S.—Since writing the above; in looking over some old medical journals, I found a very interesting paper, by Dr. P. C. Gaillard,* read before the Medical Society of South Carolina, October 1st, 1853, where he reported two cases of trismus nascentium which recovered under the use of cannabis indica. The one case occurred in his own practice, whilst the other was treated by Dr. De Saussure. In both these cases this drug was administered in very large doses and repeated every hour, until the violence of the symptoms abated.

ANEURISM OF THE ARCH OF THE AORTA.

BY LEONARD H. ROBBINS, M. D.,
Of Lincoln, Nebraska.

In June last I was called to see Mr. Stebbins, who was and had been suffering from the presence of a large tumor, situated at the top of the sternum, and extending either way from the median line two and a half inches, and upward about three and a half inches.

The history of the case is briefly as follows. During the winter of '76 and '77, he had suffered intense pain over the head, back of neck and shoulder. At this period a small tumor appeared just at the top of the sternum. At times he had quite serious difficulty in breathing; was easily fatigued; skin assumed a slate color at these times; cough more or less severe. He was treated by several physicians, for rheumatism, neuralgia, and various diseases. The tumor continued to enlarge, and when he came under my care it had become the size above indicated. There was excessive pain, cough, great difficulty in swallowing, dyspnœa, etc. The pain was in the left shoulder, back of neck, early in the disease, and finally in the right shoulder, etc., and at times so severe as to be unendurable. Pressure upon the nerves of the neck and chest produced severe cough, the bronchus being filled with a white tenacious mucous secretion, which seemed to suffocate the patient at periods. Dyspnœa great upon patient taking exercise, and violent paroxysms at times, when he remained quiet. Respiration laborious, and could be heard from all parts of the house. Marked dullness over the upper and inner portion of the left lung. The stethoscope revealed a loud bellows sound, and at times a distinct metallic "click," that was repeated several times during intervals of one or two minutes, and that peculiar movement corresponding with the diastole and systole of the heart. Dysphagia at times prevented any liquids from being taken. Pulsation strong and visible to eye and ear, synchronously with the action of the heart. Pulse weak at the right wrist. Patient unable to assume the recumbent position, as suffocation would speedily follow. On the 5th of July patient had what was thought to be a fatal attack of suffocation, the countenance assuming a dark ash color, eyes staring, violent efforts at breathing, the air passages seeming closed, but after an hour the paroxysm passed away, leaving patient in a very easy condition.

On the 7th, at 8 o'clock P.M., he was being prepared for the night, by having his clothes changed, and was standing up, supported by his wife, when he suddenly asked to be laid down in his chair, and made the remark that he was dying, and in a moment he became relaxed and expired, without a struggle or a moan. Mrs. S. had, with great good judgment, given me permission to make such examination of the tumor as I desired; accordingly, on the next morning, assisted by Dr. Radmore, we removed the heart and arteries, trachea, and all the parts in connection with the diseased structure. The aneurism was of the arch of the aorta, and had ruptured its walls, discharging its contents and those of the heart, etc., into the left pleural cavity, filling that space with blood. The sternum was eroded, destroying its substance through, and about two inches below the top, so that when the least force was exerted it parted and exposed the peculiar appearance of bone that has undergone that destructive process. The tumor was of the sacciform variety, of great size, arising from the arch of the thoracic aorta. The sac was partially filled with one pint and a half of well organized clots, adhering firmly to the walls. The tumor had ruptured at a point under the top of the sternum, revealing an opening an inch in length, through which the blood had flowed into the cavity before alluded to. The aperture

* "Medical Examiner," vol. ix, page 783.

connecting the aneurism with the artery was large. The heart, arteries and tumor weighed five and a half pounds. The pressure upon the trachea and surrounding parts was great, the size of the tumor filling up and occupying the space above the arch of the aorta and upper part of the lungs, there being great displacement of those organs and vessels, *i. e.*, the trachea, innominate, left lung, etc., the abnormal position of the innominate artery being especially great. The case was one of unusual interest; the size of the tumor and the destruction of osseous parts as revealed at the post-mortem examination, renders it a valuable specimen of that class of tumors, for any private or public collection. Notwithstanding the suddenly fatal termination, there are strong reasons to believe that a curative process had been in progress for some time. The clots before alluded to were of a fibrinous character, concentric in their arrangement, and but for the fact that the greatest pressure of the tumor was upon the sternum, whereby erosion of that bone was induced, and the walls of the tumor diminished, it is reasonable to believe a cure might have been performed in time.

INTERESTING SURGICAL CASES.

BY J. H. MEARS, M.D.,
Of Monterey, Mexico.

A Case of Complete Intestinal Obstruction, Arising from Disease of the Sigmoid Flexure of the Colon and the Rectum, in which the Descending Colon was Successfully Opened in the Loin.

The present case, being an Italian merchant of this city, aged forty, robust, and not of very temperate habits, after suffering for several months under the treatment of different physicians of this city, his symptoms becoming extremely alarming and aggravated, applied to me, as a last resort, for medical treatment. He had no passage for nine days, and no pain or straining; the abdomen was greatly distended and tympanitic; pain was now felt in the situation of the transverse colon, and was much increased by pressure; at this point some bulging was observed. He described the pain as of a "twisting" character, and shooting down to the umbilicus. At short intervals the pain was aggravated, in violent paroxysms, accompanied with strong tenesmus, which continued about a minute, and then as quickly subsided. He vomited almost everything which he took; the pulse was increased in frequency, full, strong and compressible; tongue coated with a thick pale fur, and not dry; throat moist. I do not give a detail of the treatment, which was of the ordinary description; suffice it to say that there was no lack of ingenuity in varying the remedies that were ordered. The colon-tube, passed up the rectum, on several occasions, always met with an obstruction about eight inches up; galvanism was tried by introducing one wire into the rectum and applying the other to the abdomen and spine, only exciting painful contractions of the abdominal muscles, without relieving the bowels. For sixteen days he bore up remarkably well against his complaint, but then began to sink so rapidly as to leave no doubt that he would die unless some extraordinary relief was obtained for him.

In this unpromising condition it was determined to open the descending colon in the loin, as recommended by Amussat. The urgent anxiety of his friends demanded that something should be done immediately, and at once the operation was performed by Drs. J. B. Mears, Maurrico de la Garza, and myself. As the patient lay upon his back no indication of the precise nature or situation of the obstruction was observable. The abdomen was equally swollen on both sides, presenting everywhere the same elastic resistance to pressure; the sound, on percussion, generally clear, was duller as it approached the loins.

As the patient lay on his belly, no bulging was observable in the lumbar region of one side more than in that of the other; percussion elicited a rather duller sound on the left than on the right side. The patient being extended on a bed, with his face downward, a transverse incision was made in the left loin, beginning at the ridge which marks the external margin of the erector spinæ muscle, about two inches from the spine, and carried directly outward; this incision was five and a half inches long, and was situated a finger's breadth above the crest of the ilium; it passed through the skin and fat, nearly one inch in depth, down to the latissimus dorsi muscle; this muscle and the quadratus lumborum were now divided, to the extent of the incision of the skin; and a layer of fat, bounded on the inside by the external margin of the erector spinæ muscle, was brought into view. On dissecting this away, to the depth of half an inch, a thin, transparent

membrane was exposed; from the appearance of this membrane, which it was conceived might be the intestine, it was thought advisable to pass sutures through it, to retain it in its position, and subsequently to affix it to the edges of the wound. However, on penetrating it with the knife, a mass of soft granular fat started through the incision. A very large quantity of this fat was cautiously dissected away, and the finger was then introduced to search for the bowel, but no precise indication of it could be felt; the finger, when pressed upward, rested on the lower part of the left kidney; while downward it came in contact with the inner margin of the crest of the ilium. The wound being now of considerable depth, it was necessary to proceed with great caution, and clear away the fat, little by little, which, in consequence of the loose nature of the fat, was rather difficult, and occupied some time.

At length the bowel was brought into view, at the depth of about four inches—it was highly vascular—and having been cleared of fat, sutures were passed through it, and held by assistants. An incision, half an inch in length, was made into the bowel, and an immense quantity of high-colored fluid fæces immediately escaped; the patient had been vomiting similar fecal matter during the whole of the operation, but this vomiting now entirely ceased, and he was relieved of all his symptoms; the opening of the bowel was fastened, by sutures, to the skin; a large flaxseed poultice was placed over the wound, and retained by a bandage passed around the body, and the patient enjoined to lie on the left side, to facilitate the escape of the fæces. Scarcely two ounces of blood was lost during the operation.

The colon-tube, passed downward through the wound, or upward through the rectum, always met with an obstruction after it had passed either way about eight inches, and consequently about the situation of the sigmoid flexure; this obstruction could never be overcome, so that all the fæces escaped through the wound, but without causing so much inconvenience as might have been anticipated from the existence of an artificial anus, and without the least interference with the patient's usual health, for he became, in a short time, as stout and strong as ever. Throughout there was some disposition in the wound to contract and close entirely, but after a time that inconvenience ceased, and is now apparently quite well.

I subjoin no remarks about the case, merely state it as it occurred, and should you deem it worthy a place in your Reporter, please publish, as I consider it an interesting case.

Cæsarean Operation Successfully Performed.

During last month a Mexican confrere called upon me to assist him in a case of artificial labor. Upon our arrival we were informed that the child had probably been dead about twenty-four hours, and upon examination it proved to be the case. Dr. J. B. Mears, aided by a Mexican surgeon and myself, proceeded to the operation by applying the forceps, but was unable to effect delivery, in consequence of the monstrous size of the child's head and diminutive size of the pelvis. After a more thorough examination we coincided in opinion, and decided on immediate cephalotomy, as the only probable means of saving the woman's life; the head was punctured and the parietal bones taken away. The anterior posterior diameter of the pelvis was so much diminished, by a sacral exostosis, that we thought it would be more dangerous to the mother to take the child away by pieces than through an incision made into the abdominal cavity.

The abdomen was uncovered and a single incision made, commencing two inches above the umbilicus, passing on the left side down to within two inches of the os pubis, along the linea alba; with the nail of the thumb and the forefinger the peritoneum was slightly elevated, and an incision made, large enough to introduce two fingers of the left hand, between which the bistoury was passed above and below, to give the same extent of opening as that through the integuments. The uterus, being brought fairly into view, was laid open with a single incision, made by a convex bistoury, about seven inches in length, corresponding to the external opening through the walls of the abdomen; the child was seized by the feet and delivered, the hand introduced again into the uterus and the placenta and membranes taken away; this was done in less than five minutes; by the time the parts had been cleansed with a sponge, the uterus had contracted so that the opening through which the child passed appeared to be reduced to about two inches. Five sutures were used, to keep the edge of the wound in apposition, a piece of linen smeared with glycerine and carbolic acid laid over it, pads placed on either side of the abdomen, kept in place by a bandage,

and cold compresses applied to the whole abdomen, to be kept cool enough to prevent inflammation. Ordered an opiate at night; dressing not raised for four days; wound healed by first intention; washed and applied adhesive plaster. On the 15th day from the operation the patient was able to sit up, and in ten days after was walking about. The child, minus parietal bones and brain, weighed ten pounds. It is the first operation of this nature ever performed in this city.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

CLINIC OF PROF. GROSS.

REPORTED BY FRANK WOODBURY, M. D.

During the coming winter it is our intention to furnish in these pages full details of all the important or specially interesting cases that may be made the subjects of clinical lectures by Professor Gross, giving, as fully as may be, his remarks upon differential diagnosis, with careful descriptions of peculiarities of treatment or operative procedures. These will be published by permission of the lecturer, and may be appropriately entitled, "Notes of Cases from the clinic of Professor Gross."

The inaugural lecture of the surgical clinic, for the regular winter course of 1877–78, was given by the Professor of Surgery, on Wednesday, October 3d, 1877, in the large and admirably arranged amphitheatre of the new hospital of the Jefferson Medical College, which, with a seating capacity of about seven hundred, on this occasion certainly contained more than three-fourths of that number of students. The first case shown was one of

Necrosis of the Tarsus,

that had been before the class during the preliminary course, the patient being a farmer, 36 years of age. Nearly five years ago he had sprained his ankle, and had never enjoyed the use of it since. Two years before he appeared at the clinic, the joint opened spontaneously, and discharged pus containing small pieces of bone; since then the opening had remained patent, and continued to discharge, from time to time, bony spiculæ. His health was impaired, he had no appetite, and he felt poorly. Before performing any operation, it was decided to build up his general health by tonics, milk-punch, and nourishing food, which he had now been taking for about two weeks, with signal benefit.

This case was shown to illustrate the importance of preparing patients before submitting them to the ordeal of a surgical operation. It was remarked that upon this, and the judicious after-treatment, depend the successful result, much more than it does upon brilliancy of operating.

Neuralgia of Testicle versus Varicocele.

Richard N., twenty-four years of age, a brass finisher, complained of a pain in the left testicle for four years. The organ was pendulous in a relaxed scrotum, and appeared somewhat enlarged. He came requesting an operation for varicocele.

Professor Gross remarked that fullness of the veins of the left testicle is a very common condition, owing to the absence of a valve in the left spermatic vein, at its entrance in the renal, although one is present on the right side, as was first demonstrated some years ago, by Dr. John H. Brinton, of this city. In addition to this natural predisposition, constipation of the bowels must be regarded as an active accessory cause, owing to the passage of the left spermatic vein behind the sigmoid flexure of the colon, where it is liable to be pressed upon by the contents of the tube. Varicocele is an enlargement, by dilatation and hypertrophy, of the plexus of veins lying upon the spermatic cord. Operation for its radical cure is called for when there is danger of atrophy of the testicle, or when there is constant distressing pain in the parts. Sometimes the patient's mind is so much affected by dwelling upon it that his general health suffers, and he is unfitted for his business. In the present case the pain was not constant, the testicle appeared healthy, and, although the large veins were filled with blood, there was no marked tortuosity of the vessels. This was not considered a proper subject for subcutaneous ligation of the veins, and the patient, it was believed, would be greatly benefited by hygienic and tonic treatment, with full doses of quinine. Although the pain was not distinctly periodical, it was regarded as mainly neuralgic in its nature. The patient was directed to avoid dancing, horseback-exercise, and everything that could lead to an accumulation of blood in the part, or stimulate the organ. The scrotum should be frequently bathed with cold water, and supported by a suspensory bandage. The bowels should have a daily evacuation. He was directed to take ten grains of quinine at bedtime, and the following prescription, to be taken three times a day:—

R.	Quiniæ sulphat.,	gr.ij	
	Acidi arseniosi,	gr. $\frac{1}{20}$	
	Strychniæ,	gr. $\frac{1}{16}$	
	Extract aconiti,	gr. $\frac{1}{2}$.	M.

Extirpation of Breast for Scirrhus.

Ann C., 49 years of age, unmarried, had noticed a hard lump in her left breast for about six months, which had steadily increased, and was now the seat of lancinating pains. The breast was enlarged, dense and resisting to the touch, and showed retraction of the nipple;

these signs being pointed out as characteristic of the disease. As soon as the nature of the growth is ascertained it should be removed by an operation, including in the portion removed the entire mammary gland. Thorough work should be made of it, for, although the diseased mass may not be larger than a walnut without its shell, if the breast be only partially excised the malignant growth is exceedingly apt to reappear in the remainder. In addition to this, search should be made for enlarged lymphatic glands along the border of the pectoral muscle and in the axilla, which are liable to become the seat of secondary growths. These diseased glands are sometimes very numerous, the lecturer having a similar case only a short time ago, from which forty-eight axillary glands were removed in the operation, some being, of course, quite small.

In performing the operation, ether was administered and the diseased breast was then included between two elliptical or curvilinear incisions, which were disposed so as to favor drainage from the lower angle of the wound on the left side, the gland being removed without stopping to tie vessels.

In seeking enlarged glands in the axilla, it should be remembered that it does not prove conclusively that they have absorbed, and become the seat of cancerous disease, as they may be enlarged from simple irritation, in the same manner that the glands of the groin may become enlarged from a sprain or injury of the lower extremities. At the same time, however, it is prudent to remove all such enlarged glands as can be found during the primary operation.

Two small vessels were tied, and, although there appeared to be no further disposition to bleed, the wound was directed to be left under a wet dressing for a couple of hours, before introducing the sutures, for fear that some points of oozing might subsequently show themselves. A hypodermic injection of morphia was administered, on recovering from the anæsthetic, and it was stated that the patient would be put on light diet, with anodynes and general antiphlogistic treatment, the parts being supported by a light bandage. Provided the patient be doing well—and she should be carefully watched—the dressing should not be disturbed for two or three days; but it was considered essential that the wound should be kept clean, and if there should be considerable discharge, a tendency to burrow might be obviated by changing the dressings frequently; indeed, it is nearly always necessary to introduce a tent, at the dependent angle of the wound, to insure free drainage.

Chronic Ulcer of Buttock.

M. N., 41 years of age, a farmer, was operated upon at this clinic on June 3d, 1876, for a large sinus in the right side of the perineum and buttock, which was laid open and scraped. Perfect success followed the operation, the wound healed kindly, and had given no further trouble. He is now suffering from an unhealthy looking excavated ulcer upon the right buttock, over the tuberosity of the ischium, looking, as the lecturer remarked, "very much like epithelioma." The present complaint had existed nearly a year, and was not attributed to injury. The patient stated that he never had a chancre

Professor Gross said that the position of the ulcer and its appearance led him to look upon it as due primarily to inflammation of the large mucous bursa, which always exists in this locality. No track of a sinus, or evidence of communication with the perineum or bowel could be detected.

A mucous bursa consists of a little sac or bag containing synovial secretion similar to that existing in the joints; and its function is to relieve friction and facilitate motion, it being interposed between contiguous surfaces, where muscles, tendons, or other structures have much range of motion. They exist in considerable number, about 140 to 150 naturally existing in the body, as has been demonstrated by Monro of Edinburgh. They are found in all parts of the body, and wherever they exist they are liable, from irritation by pressure or other causes, to become inflamed, even going on to the formation of abscess. Such an abscess may find vent for its contents by ulceration, as in the present patient. In such cases the best treatment is to remove the disease by including it within two elliptical incisions, and allowing the parts to heal by union by the first intention.

Performing this operation, the patient being under the influence of ether, it was found that there was marked condensation of the tissues surrounding the ulcer, from infiltration by plastic deposit. In consequence, there was considerable oozing, and several good-sized vessels were divided. Acupressure was used, to stop the bleeding, the pins to be allowed to remain as long as necessary to accomplish the purpose. A hypodermic injection of one-third grain of morphia was given at once. Should fever arise in the case, it was stated that some simple antiphlogistic febrifuge would be given, containing tartrate of antimony and potassium, spirit of Mindererus, or sweet spirit of nitre, and quinine would be administered in repeated doses as an alterant. The diet should be unstimulating.

Case of Necrosis of the Humerus.

Katie W., 5 years of age, of Phœnixville, was operated upon last spring, at the College clinic, by Dr. S. W. Gross, for the removal of some dead bone from the shaft of the humerus. There was no antecedent history of injury, and no cause could be assigned by the parents for the disease.

The wound healed after the operation with the exception of several spots of ulceration. The arm was swollen, and there was considerable thickening of the bone and periosteum.

In order to discover whether these sinuses led

to diseased bone, ether was administered, and they were laid open with the bistoury, as, on account of the presence of the old cicatrix, the ordinary examination with a probe was insufficient. When there is dead bone imprisoned it should be removed by the surgeon, as the only remedy, for no matter how small it be, it keeps up irritation and discharge. It is never absorbed, and will remain for years, not infrequently leading to abscess, and therefore the proper plan is to cut down upon and take it away. The lecturer had removed, the same morning, from a gentleman from Texas, a piece of dead bone, hardly the size of a hickory nut, that had been imprisoned for thirteen years.

Proceeding as indicated, tying the vessels as they were divided, a small piece of bone scarcely half an inch long was discovered to be the cause of the mischief, and which it was stated would have remained indefinitely without the aid of surgery. Water dressing was applied and the case directed to be treated on general principles, meeting symptoms as they arise.

Cystic Goitre.

A case of large cystic goitre, of three years' duration, was also exhibited. The patient was a colored woman, 55 years of age, married, and was anxious to have it removed. The tumor had never been the seat of any pain, and was only inconvenient from its size. The lecturer decided that the proper treatment was tapping of the large cysts and injecting iodine in solution, to secure obliteration of their cavities by adhesive inflammation. The woman was directed to return for operation.

Editorial Department.

Periscope.

The Treatment of Pulmonary Cavities.

The following important suggestions are from an article in the London *Medical Times and Gazette*, by Dr. R. D. Powell, of the Brompton Hospital for Consumptives :—

In the treatment of secreting cavities, the objects we have in view are (1) to lessen secretion, (2) to promote evacuation of what secretion is formed, and (3) to disinfect such cavities. Counter-irritation, of little use, I believe, whilst cavities are still forming or extending, is of great service in these cases. When we remember that in chronic excavation of the lung we almost invariably get an intimate union of the two pleural surfaces, and an anastomosis of their vessels, we may see why the application of a blister externally may affect such cavities. As a matter of fact, they do influence them most decidedly. Strong iodine applications (two drachms to the ounce), or flying blisters, or perhaps a blister kept open for a few days by the use of savin ointment dressing, are the forms of counter-irritation suitable to different cases. Under their use the cough and expectoration frequently diminish. Acids and astringent iron tonics and oil are needed. Sedative cough mixtures are directly contra-indicated in these cases, except for the purpose of giving rest at bedtime. It is in these cases the inhalations are most useful; for, firstly, there being no actively spreading disease present they can do no harm; secondly, we can, by their use, render less noxious the pus that bathes the surface of the cavity, and which is apt to become inhaled during the effort of expectoration into distant parts of the lung; thirdly, inhalations help expectoration; fourthly, there can be little doubt that appropriate inhalations sometimes have a healing or an alterative effect upon the internal surface of the cavity.

The best substances for inhalation are—iodine (vapor iodi, B. P.), only to be used occasionally and for a few days together; carbolic acid (glycerine of carbolic acid, one drachm to two drachms, to half a pint of hot water); or tar water (liq. carbonis detergens, one drachm, to half a pint of water): useful disinfecting and, except iodine, somewhat sedative inhalations, that may be employed two or three times a day. They may be taken very well from a deep jug, or a Nelson's inhaler, with the sponge removed. Friar's balsam, tincture of larch, turpentine, etc., may be similarly employed from time to time. Perchloride of iron or other astringents may sometimes be used with Siegle's spray apparatus; but I have myself failed to find atomized astringents useful in these cases, and doubt if they penetrate so far as vapors inhaled in the ordinary way. Salt air, and perhaps especially sea-shore air, containing more or less salt spray, is usually beneficial to these patients; some liberal diet is, of course, necessary.

Cases of active or ulcerous cavities may require at first the free administration of alcoholic stimulants; a somewhat liberal allowance of wine is also subsequently needed, with nutritious support and abundance of good air. The active or ulcerous cavities tend to become endemic in over-crowded wards, and their occurrence should always lead us to look to sanitary arrangements, for their pathology strongly suggests their erysipelatous nature. It cannot, indeed, be too carefully remembered, in the treatment of patients with phthisical affections of the lungs, that they have internal

wounds or sores, which, unlike most other internal affections, are accessible to the contamination of foul air, and that thus erysipelatous processes may be readily set up, which are too apt to be recognized only as "intercurrent pneumonias" or other local inflammation.

Medicinally these cases may be combated by quinine, internally, or in some cases full doses of perchloride of iron, or sedative inhalations containing tincture of benzoin and opium; hyoscyamus and chloric ether, carbolic acid and opium, etc., are useful. Ipecacuanha wine, administered as spray, with Siegle's inhaler, is worth a trial, but patients suffering from this condition of cavities are often too prostrate to bear the fatigue of inhaling. If the more active general symptoms should lessen, but a blood-stained and copious expectoration still leads us to infer that the walls of the cavity are hyperæmic, I am convinced, from observation, that the best treatment is to apply a blister over the region of the excavation, and to keep it freely discharging for several days, by means of savin ointment dressing. I have seen active symptoms completely subside under this treatment—which is, however, somewhat severe and painful—and the cavity subsequently contract, the expectoration, from being abundant and sanguineous, becoming scanty, viscid, and apparently consisting of bronchial mucus only.

The Therapeutic Uses of Compressed and Rarefied Air.

A recent number of Volkmann's *Vorträge* contains a lecture on this subject, which we take in part from an English journal:—

The diseases in which this method of treatment have been found most efficacious are phthisis and a phthisical disposition, chronic bronchitis, emphysema, asthma, and compression of the lungs by pleuritic adhesions. It has been recommended by Waldenburg, in stenosis of the larger air passages, and also in certain diseases of the heart. In phthisis it is possible, by means of compressed air, to increase the capacity of a narrow thorax, and to strengthen the weak respiratory muscles by means of the exertion used in inspiring rarefied air. It is also probable that the compressed air may help to relieve the congestion of inflamed parts of the lung, and that the rarefied air, by increasing the depth, and perhaps the number of inspirations, may improve the general nutrition of the lung by rendering the circulation in it more active. According to Dr. Biedert, those cases of phthisis in which the irritating property of the inspired air makes itself most felt, especially those in which there is much fever, are the least suited to the pneumatic treatment; cases, also, in which there are large areas of consolidation are unsuitable to it. Moderate hæmoptysis is no contra-indication to the use of compressed air. As far as we can judge, however, from Dr. Biedert's statements, the pneumatic method appears rather to alleviate the symptoms in phthisis than to exert a definitely curative action on it, and it seems more probable that it will be of value in strengthening the chest muscles, and opening out the chest in persons with a phthisical predisposition, than in the actual disease itself.

In either case the method employed is the same. The sitting begins by the patient inspiring compressed air alone, and then, when the irritation and cough which it has set up diminishes, he inspires rarefied air, and the sitting is ended by a few inspirations of compressed air. The compression of the air varies between $\frac{1}{32}$ and $\frac{1}{45}$ atmosphere, and the rarefaction from $\frac{1}{324}$ to $\frac{1}{68}$ atmosphere, and the number of inspirations at each sitting ranges from twenty to sixty. The sittings take place once, or at the utmost twice a day, and in the commencement of the treatment the medical man must always be present to superintend the use of the apparatus. Later on this duty may be handed over to an assistant, or to the patient himself, provided he be intelligent; the physician only exercising a general supervision from time to time. In the use of compressed air, it has been found advisable not to exceed a pressure of 1 atmosphere; and the patient should be directed, as soon as he has overcome the initial irritation, to inspire slowly, and as deeply as possible, without using any force. On the other hand, when he breathes rarefied air, he must inspire vigorously.

In bronchitis this treatment renders expectoration more easy, stimulates the lung, and improves the circulation in it; and since the compressed air penetrates further into the lungs than any other local application, it is probable that it reaches diseased parts which would be inaccessible to any other direct treatment. The ordinary pneumatic treatment of bronchial catarrh consists in inspiration of compressed air at the same pressure as in phthisis. The use of rarefied air is only indicated if we wish to stimulate the lung more vigorously, or to promote expectoration; and it must be followed, if there is much catarrh, by a few inspirations of slightly compressed air in order to remove the temporary congestion of the lung, which Waldenburg has shown to be produced by a rarefied air. In all cases excessive irritability of the lungs, or any aggravation of existing mischief, is an indication for reducing the pressure, or temporarily stopping the pneumatic treatment. In emphysema the treatment begins with short sittings, in which from ten to twenty inspirations of compressed air ($\frac{1}{90}$ to $\frac{1}{68}$ atmosphere) are taken and repeated after an interval of ten minutes. On the second or third day the really curative treatment of the disease, as Dr. Biedert calls it, commences. Instead of breathing in compressed or rarefied air, the patient is made to expire into an atmosphere of rarefied air, the number of expirations ranging from thirty to fifty once or twice a day, and depending on the sensibility of the patient's lungs to the irritation of the air. The theory of action of

this method is, that the rarefaction within the chest causes a diminution in the size of the thorax, and also of the lungs, owing to increased pressure on their outer surface; that the same pressure elevates the abnormally depressed diaphragm; and that the blood is sucked, as it were, into the tissues of the lungs, so as to counteract the anæmia due to the emphysema.

In the so-called "bronchial asthma" the indications for the pneumatic treatment are the same as those in bronchial catarrh. During the actual asthmatic attacks, inhalation of compressed air appears to be quite useless. In two cases of compression of the lung by pleuritic adhesions, Dr. Biedert has succeeded in raising the vital capacity in one from 2600 to 3500 cubic centimetres, and in the other from 2200 to 2600 cubic centimetres. The patients inspired compressed air at pressures up to $\frac{1}{3}$ atmosphere, from thirty to fifty inspirations being taken at each sitting. The value of the pneumatic method appears to be as marked in some forms of heart disease as in any of the diseases we enumerated above. According to Waldenburg, affections of the mitral valve are those which are most benefited by it; and Dr. Biedert refers to a striking instance of disappearance of dropsy, and general improvement, under the influence of compressed air, in a case of mitral stenosis and incompetence. Rosenstein, also, in his article on Valvular Diseases, in the sixth volume of "Ziemssen's Cyclopædia," is equally favorable to this treatment.

The contra-indications to the use of compressed air are degeneration of blood-vessels and an apoplectic tendency; and to that of rarefied air, especially in the form of inspiration, pulmonary hemorrhages. The whole method is unsuited to active inflammations in the lungs as well as to advanced bronchial dilatation.

The Germ Doctrine and Septicæmia.

Dr. M. A. E. Wilkinson, President of the British Medical Association, in his address, spoke of the germ doctrine and its applications. He said:—

We will inquire how it stands with this doctrine in regard to traumatic septicæmia and pyæmia. You are all aware that foul, ill-conditioned wounds are attended with severe, often fatal, symptoms, consisting essentially of fever of a remittent type, tending to run on to the formation of embolic inflammations and secondary abscesses.

The notion that septicæmia is produced by bacteria, and the *rationale* of the antiseptic treatment which is based thereupon, is founded on the following series of considerations:—

1. It is known that decomposing animal substances, blood, muscle, and pus, develop, at an early stage of the process, a virulent poison, which, when injected into the body of an animal, produces symptoms similar to those of clinical septicæmia. This poison is evidently not itself an organism; it is soluble, or at least diffusible, in water, and it is capable, by appropriate means, of being separated from the decomposing liquid and its contained organisms. When thus isolated, it behaves like any other chemical poison; its effects are proportionate to the dose, and it has not the least power of self-multiplication in the body. To this substance Dr. Burdon-Sanderson has given the appropriate name of pyrogen. It is the only known substance which produces a simple uncomplicated paroxysm of fever, beginning with a rigor, followed by a rise of temperature, and ending (if the dose be not too large) in defervesence and recovery.

2. We know further, from the evidence I have laid before you, that decomposition cannot take place without bacteria, and that bacteria are never produced spontaneously, but originate invariably from germs derived from the surrounding media. We are warranted by analogy in regarding pyrogen as the product of a special fermentation taking place in decomposing albuminoid mixtures, but we cannot name the particular organism, nor the particular albuminoid compound which are mutually engaged in the process.

3. In the third place, we know that when a wound becomes unhealthy, as surgeons term it, the discharges become offensive, in other words, decomposed, and when examined under the microscope they are found to swarm with organisms resembling those found in all decomposing fluids. Meanwhile the patient becomes feverish, and suffers from the train of symptoms which we call septicæmia.

It is a natural inference that what takes place in decomposing blood or muscle in the laboratory, takes place also in the serous discharges and dead tissues of the wound. These become infected from the surrounding air, or from the water used in the dressings, with septic organisms; on that follows decomposition and the production of the septic poison, or pyrogen; the poison is absorbed into the blood, and septicæmia ensues.

It was the distinguished merit of Lister to perceive that these considerations pointed to a means of preventing septicæmia. He argued that, if you could prevent the access of septic organisms to the wound, or destroy them there, you would prevent decomposition, prevent the production of the septic poison, and thus obviate the danger of septicæmia.

How the Chinese Make Eunuchs.

The following curious description is given by a writer in the *Lancet*:—

The operation is performed at an establishment maintained for the purpose, immediately outside one of the palace gates. The operators are known as "knifers," and they contrive to keep the trade in their own families. For each castration, and the subsequent care of the case, they receive the equivalent of about £1 16*s.* sterling. When about to be operated on, the

patient is placed in a semi-supine position, on a broad bench. One man, squatting behind him, grasps his waist, and one man is told off to each of his legs. Bandages are fastened tightly round the hypogastric and inguinal regions, the penis and scrotum are three times bathed with a hot decoction of pepper-pods, and the patient is finally, *if an adult*, solemnly asked whether he will ever repent. If he appears doubtful, he is unbound and dismissed, but if his courage has held out, as it usually has, all the parts are swiftly swept away by one stroke of a small sickle-shaped knife. A pewter plug is inserted into the urethra, the wound is covered with paper soaked in cold water, and is firmly bound up. The patient, supported by two men, is kept walking round the room for two or three hours, after which he is permitted to lie down. For three days he gets nothing to drink, nor is he allowed to pass urine. At the end of this period the dressings are removed, and the plug is taken out. The parts generally heal in about one hundred days, when the patient is inspected by an old and experienced eunuch, in order to make sure that the mutilation is complete. About two per cent. of all cases prove fatal, some by hemorrhage and some by extravasation. For a long time after the operation there is nocturnal incontinence of urine.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"How Long Ought Women to Stay in Bed After Delivery?" This is the title of an article in the *Proceedings* of the Medical Society of the County of Kings, September 18th, 1877, by Dr. H. J. Garrigues. He differs with Dr. Goodell in the opinion that an early "getting up" is advisable. Dr. Goodell, in a late paper, adduces the following reasons in favor of encouraging women to get up early: First. Labor being a physiological process, it should not be made to wear the livery of disease. Second. The upright position excites the uterus to contract, and lessens the amount and duration of the lochia. Third. Uterine diseases are hardly known among the nations whose women early leave their beds. Fourth. Experience has shown him that convalescence is rendered far more prompt and sure. Dr. Garrigues briefly answers these as follows: First. The women of our time are not in a normal physiological condition. Second. Flexions are liable to be brought about by the weight and flaccidity of the womb before the contractions impede it, and the amount of lochia is also much diminished by injections of carbolized water into the vagina. Third. We do not know much about the condition of the uterus in ancient, or far remote people. The doctor also calls attention to the fact that diseases of the uterus are much more common in the lower classes, who cannot afford to lie long in bed, than in the upper walks of society.

——"Some Hints Regarding Uterine Supporters," by Clifton E. Wing, M.D., Boston. The author justly calls attention to the importance of properly using the pessary—that it is often a matter requiring attention for weeks and months—so that good and not harm may be done the woman. He tells us that this fact cannot be properly appreciated by the profession, or else the specialist would have fewer calls from those expecting to have a supporter applied, but who leave the office in a few minutes and have no further trouble about the matter. No doubt doctors often fail to appreciate the fact that when a uterus has been out of its proper position for a length of time the tissues accommodate themselves to the new position, and that the complete replacement must be gradual. The writer illustrates his points with two cases, and they serve to show how much attention must be given to the minutiæ when pessaries are used. The true use of such an instrument is, like that of the surgeon's splint, to so support the organ that when it is removed it will continue in place.

——"Retention in Utero of the Dead Fœtus, Considered Particularly with Regard to its Effects on the Mother." By G. W. H. Kemper, M.D., of Muncy, Ind. Some of the conclusions may briefly be stated as follows:—Often deleterious influences may be exerted, whether the membranes are intact, and whether the fœtus has undergone putrefaction or not. The fœtus may be retained in a state of complete putrefaction for an indefinite time, and no ill consequence result therefrom to the mother. There is no evidence to show that a living fœtus is injured by the presence of a dead one in the same uterus. There is no positive means for deciding that a dead fœtus exists in the uterus conjointly with a living one. In single conceptions, when the fœtus perishes, the symptoms, as a rule, clearly indicate the fact. If no ill results follow, it is best to trust the case to nature. If the health of the mother suffer, or if the case be protracted beyond the term, and give rise to inconvenience, the os should be dilated and the contents removed.

THE

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THE HEALTH OF ARMIES.

The recent frightful mortality in the Russian army forcibly illustrates the importance of sanitary science to war. It is a most unfortunate organization of an army which places the surgical staff in a position so subordinate that they are little better than civilians, and deprives them of that military authority which is essential in order to secure prompt obedience from the rank and file, and influence in the councils of the higher officers. Again, the disregard of sanitary regulations of the simplest character, by the men of the Russian army, would seem to point either to inability of the medical staff to enforce such regulations, or else to an ignorance or carelessness of them. No doubt the first is the case.

We find, in the *Lancet*, that General Kossinsky also comments very severely upon the imperfection of the service for the transport of the wounded to the hospitals in the rear. The provision of ambulance wagons, he states, has proved wholly incommensurate to the wants of the forces, and, in consequence, it has been necessary to employ largely country carts for the purpose. The use of these carts, particularly when drawn by bullocks, adds immeasurably to the torture of the wounded, and proves most detrimental to their future state. Prince Khilkow writes much in the same strain to the *Moscow Gazette*, from the Caucasus, of the transport of the wounded there, and his observations lead to the suspicion that the great success of treatment of the wounded in the ambulances of the Caucasus, may be in part explained by an unusual proportion of slightly wounded among them. It is to be inferred that few of the seriously wounded would survive a several days' journey in country carts among the mountains. Prince Khilkow writes of wounds becoming gangrenous from the impossibility of giving them due care during such journeys. Again, the medical staff of the army on the Danube complain bitterly of their being too often kept in ignorance of the points where it

may be necessary to establish hospitals and depots, in view of an engagement. Thus it happens that they are apt to be late upon the spot where their services are most needed, or to be sent away at the last moment.

It would appear, indeed, as if the unexampled preparations made for the aid of the sick and wounded in the early stages of the war, and which, so far as voluntary associations are concerned, are still being continued, have been, and are being, rendered largely abortive in the immediate field of action, from the want of some responsible controlling power, and of a faculty of improvising means to meet the exigencies of the campaign as they arise. It reflects no discredit on Russia that her provision for the transport of the wounded should have fallen short of the needs of her recent struggles in the Balkans and the mountains of Armenia, but the letters of General Kossinsky and Prince Khilkow betray an apparent want of fertility of resource in meeting medical exigencies as they arise, which we are unable to explain, unless on the supposition that, as in the early history of the Crimean war, individual effort is repressed by an effete bureaucratic rule.

No doubt, with every month improvement will be manifest, but meanwhile a decimating mortality prevails, which could largely have been prevented.

Notes and Comments.

Properties of the Human Gastric Juice.

The *Press and Circular* says M. Charles Ricket has been experimenting upon the patient on whom Prof. Verneuil recently performed the operation of gastrotomy. According to his researches the acidity of the gastric juice is equivalent to 1.7 grammes of hydrochloric acid to 1000 grammes of fluid. This acidity increases a little at the end of digestion. Wine and alcohol also increases it, but cane sugar diminishes it. It tends to return to its normal acidity after the introduction of acid or alkaline matters. The mean duration of digestion is from three to four-and-a-half hours, and the food does not pass gradually out of the stomach, but in masses. According to four analyses, after a modification of Schmidt's method, free hydrochloric acid exists in the gastric juice; and altogether this secretion appears to consist of one part of lactic acid to nine parts of hydrochloric acid, the former of which is free in the gastric juice. The nature, therefore, of the free acid in the stomach seems almost solved, and it may be said that in every 1000 grammes of the juice there are 1.53 grains of hydrochloric acid and 0.43 of lactic acid.

Influence of Posture upon Cardiac Murmurs.

The *Lancet* observes that there is no doubt that the position of a patient has much to do with the comparative intensity of endocardial murmurs. It has been several times pointed out that a murmur audible when the patient is recumbent is almost, if not entirely, lost in the erect posture. This effect of posture seems to tell more upon mitral than upon aortic bruits, but all cardiac murmurs seem more or less influenced by it. The subject has recently been studied by M. Cuffer, of Paris, who has come to the following conclusions: That all intracardiac bruits, of whatever nature, are modified by the patient passing from the horizontal to the vertical position. That they are all diminished in intensity in the erect posture. That this diminution is partly due to change in the form of the heart, and partly to alterations in the arterial tension, by which the number and force of the cardiac contractions may be altered. Further, that all murmurs are intensified in the horizontal posture, some even being only produced under this condition. He adds that inspiration increases the intensity of a murmur.

Experiments with the Turkish Bath.

Some interesting observations were related at the last meeting of the British Medical Association, by William James Fleming, M.B. (Glasgow). These experiments were performed by the author upon himself, and consisted of observations on the effect of the Turkish bath at temperatures of from 130° Fahr., to 170° Fahr., upon the weight, temperature, pulse, respiration, and secretions. The results showed that immersion of the body in hot dry air produced loss of weight to an extent considerably greater than normal, amounting, on the average, to a rate of above forty ounces an hour. This was accompanied by an increase in the temperature

of the body and a rise in the pulse rate, with at first a fall and then a rise in the rapidity of respiration. The amount of solids secreted by the kidneys was increased, and coincidently the amount of urea. The sweat contained a quantity of solid matter in solution, and among other things a considerable amount of urea. The most important effect of the bath was the stimulation of the emunctory action of the skin. By this means the tissues could, as it were, be washed by passing water through them from within out. The increased temperature and pulse-rate pointed to the necessity of caution in the use of the bath when the circulatory system was diseased.

On Echinococcus Disease.

On this subject a German physician, Dr. Neisser, has produced a little treatise of high value. He gives a careful analysis of 983 cases of hydatid disease, and supplies references to all of them. The table showing the distribution of hydatids throughout the organs of the body is especially interesting. The proportion of preponderance of liver cases, 45.765 per cent., closely corresponds with those furnished by Davaine, who found 165 out of a total of 373, and by Cobbold, who found 161 in 327. Taken together, the French and English cases, 700 in all, make the proportion of liver cases 46.4 per cent. In like manner, there is a pretty close correspondence between the tables of all three authors, as regards the proportion of bone cases, so to say, and of cases affecting the organs of circulation.

Distinctions between Croup and Diphtheria.

In the last volume of Guy's *Hospital Reports*, Dr. Hilton Fagge and Mr. Lamb write upon Diphtheria and Croup, analyzing a large number of cases, and arriving at the following cautious conclusions:—

"We find that the attempt to separate from diphtheria a membranous croup in which the fauces remain entirely free from false membrane is beset with difficulties. The cases (which must, then, be called cases of diphtheria) in which the air-passages are attacked, the palate and tonsils being but slightly affected, occur almost exclusively in children, and they are seldom, if ever, infectious; whereas pharyngeal diphtheria is highly infectious. But when one has once admitted that the different forms of diphtheria present different degrees of infectiousness, and that each of them occurs with special frequency at a particular period of life, one is debarred from insisting on the sporadic character of membranous laryngitis, and the fact that it never arises in the wards of a general hospital is proof that it is distinct. It is otherwise if we allow that the non-specific, simply inflammatory, affection may be attended with the formation of false membranes, even in the fauces. Such a view does away with the very improbable supposition that laryngeal diphtheria differs from the ordinary form of the disease, in being peculiar to children, and in possessing little or no infectiousness, and I think commends itself to us on other grounds also.

Puerperal Convulsions.

Dr. Kidd, of Dublin, remarks, in a recent address—When you have convulsions setting in after labor, and where there is not much coma, I believe that anæsthetics are peculiarly useful. Whether the anodyne be an opiate or a subcutaneous injection of morphia, I believe that that line of treatment is most useful. On the whole, if I were to sum up my practice, I think that, in certain rare cases, where you have a hot face, throbbing carotids and bounding pulse, you may bleed with advantage; but the cases in which bleeding can be practiced with advantage, are very few indeed. If you have consciousness perfectly restored, anæsthetics are useful. If there be complete stupor, and the fits are going on, avoid anæsthetics, and try hard purging and emptying of the uterus. In convulsions occurring after delivery, anæsthetics are peculiarly useful, especially chloral.

Spirits of Mindererus in Dysmenorrhœa.

A correspondent of the *British Medical Journal* praises this agent in painful menstruation. He observes: When it has succeeded in my hands, there has generally been a physical condition, and that alone, to account for the pain; while, unfortunately, we know that by far the most frequent cause is purely anatomical and mechanical, and that then nothing short of an operation can afford relief. At times I have employed chloroform by inhalation, or have given it internally in the form of chloric ether, and have found it quite as serviceable as the liquor ammoniæ acetatis; but all means proved more or less unsatisfactory, and I consequently resorted to the old-fashioned treatment of the

warm bath, and continued to prescribe this in preference to anything else, finding it the most effectual of all remedies in affording relief from the extreme pain sometimes present, while it is occasionally not less effectual in directly causing the discharge to appear. It is, in fact, both palliative and remedial in its effects.

Coffee as an Antidote to Strychnia.

Dr. Attilio Lelli having met with a case in which a large dose of strychnia was administered in coffee without fatal consequences, was led to institute some experiments to determine whether it possessed an antitoxic power against this drug. The animals employed were rabbits, and by comparative trials he found that a dose of five centigrammes proved fatal in a short space of time; when the same or a larger dose was given in a very strong infusion of coffee, he found that the coffee either acted as a complete antidote in preventing the poisonous effects of the strychnia, or that it materially diminished the violence of its action. The details of the experiments are given in the *Revista Sperimentale di Freniatria*, quoted in the *Lancet*.

Tupelo Tents.

The root of the tupelo tree, indigenous to the United States, is being used with success by various obstetricians, for dilating the os uteri. It is said to be superior for this purpose to seatangle, as its power of absorption is greater; it is as light as a cork, and its fibre is fine-grained, capable of being made very smooth, and, therefore, easily introduced.

Correspondence.

On Diphtheria.

Ed. Med. and Surg. Reporter:—

The accustomed reader of medical journals of the present day cannot well avoid noticing the unusual amount of matter now being written upon the subject of diphtheria. The conclusion would naturally arise, in such case, that this had become either a very common disease, or one about which there exists great difference of opinion. Whether the former or latter be the true solution, it must be the conceded duty of each one having such cases under his care to give his experience in the treatment, through the medical journals. So, in accordance with such convictions, I will offer my mode of treatment. During the past twelve months scarcely a family in this whole section of country has escaped this fearful disease. I have had as many as half a dozen cases in one house at the same time, and have used almost every form of treatment. During the prevalence of this epidemic, I have had under my charge about two hundred cases. I will give the particulars of only one case, which will fully illustrate the advantages of my mode of treatment.

March 16th, 1877, I was called to see a case, age about eight years. I diagnosed at once a genuine case of diphtheria, and put him on the following, viz.: chlorate of potash, sulphite soda and glycerine internally; also sulphas quiniæ as a tonic and stimulant, and as a local application equal parts of tincture iodine and glycerine. This plan I have found to succeed in a large majority of cases, but in the present case, in spite of my perseverance with the above course, in combination with other minor points, I was somewhat nonplused to see my case gradually growing worse. The membrane in the fauces, pharynx and nares at this time was quite extensive; so at this juncture I concluded to make a change in the local treatment, which consisted in the substitution of fluid extract eucalyptus globulus instead of the iodine and glycerine. Imagine my wonderful surprise, on the first application of the eucalyptus globulus, to see large flakes of membrane readily peel off, and the same result on each subsequent application; and in a few days I had the pleasure of seeing my little patient convalescent. Since using the eucalyptus globulus in the above case, I have tested its powers in quite a number of other cases, and can heartily recommend its use to others. In some cases I use it as a mop, with a soft piece of sponge, in others simply as a gargle. Yours sincerely, J. E. Massey, M.D.

Fort Mills, S. C.

Sloughing of the Intestine.

Ed. Med. and Surg. Reporter:—

Having had a very singular and interesting case I concluded to send a report of the same to you.

Case. Sloughing of about twenty-six inches of small intestines, passed per rectum and recovery. Circumstances as follows:—

Was called to see Mr. Israel Ferguson, of Howell, Michigan, aged 77, Aug. 23d. He had suffered during the day with severe rigors, and gradually fever came on, with vomiting and peculiar odor of breath (not stercoraceous, however). Pain and great tenderness, with swelling, more or less tympanitic, in region of ilio-cæcal valve; great thirst, no movements from bowels. Continued in this way until about the 29th, when symptoms of collapse came on, with almost imperceptible and intermitting pulse. Gave ice freely from commencement, with quinine, and a mercurial alterative; used turpentine and camphor stupes on bowels continuously. When the symptoms of collapse came on gave milk and whisky

every hour, and about five grains of quinine every two hours; also beef tea ad libitum.

About September 2d, he commenced to improve. Bowels moved, pain and tenderness in region of ilio-cæcal valve gradually subsided; vomiting ceased, and odor of breath became natural; symptoms of collapse passed off; pulse became regular, soft and full. Continued to improve till September 19th, when he was taken with pain in the lower part of bowels; pain continued until the morning of the 20th. When he went to stool it was ascertained that something protruded from the rectum, about one inch, which was pulled away by his daughter, who also immediately summoned me. Found, upon examination by myself and two other physicians, that it was, as stated above, about twenty-six inches of small intestine, in partially disorganized condition. Suppose it must have occurred by invagination of small intestine into the large, followed by inflammation, strangulation and sloughing, with union of healthy parts at same point. At date of present writing the patient is doing well, and having natural movements from the bowels. I have preserved the piece sloughed, for the examination of any and all who may wish to examine it.

Howell, Michigan. C. V. Beebe, M.D.

Pessaries in Uterine Displacements.

Ed. Med. and Surg. Reporter:—

In gynecological practice there are three principal modes of treatment: general, including tonics etc.; local, such as applications of caustics; and mechanical, or applying pessaries to restore and retain dislocated organs; and whoever discards wholly any one of these three methods, materially limits his usefulness. What treatment but the mechanical would have benefited the following case:—

Miss E. P. B., aged 19, just before last Christmas, while standing on a ladder and attempting to reach as far as possible, felt a giving way in the pelvis. Always previous to this time her menstrual periods had been passed so easily as to give her little or no trouble. The three following periods kept her in bed three days each, with excruciating dysmenorrhœa, and a dejection from the bowels put her into agony for about four hours; any attempt at straining produced a feeling as if all the pelvic organs would be forced into the world.

When the patient came under my care a digital examination disclosed the os uteri at about its normal height, but pointing to the symphysis pubis, and behind was a hard lump, probably the fundus uteri. To introduce the uterine probe to the fundus, it was necessary to apply it with the convexity of the curve toward the patient's front, thus showing that we had to deal with retroversion of the womb. The womb having been displaced by accident, and not by disease, we hoped to relieve in a short time, and were not disappointed. Staufer's pessary for retroversion was applied, which restored the organ to its place and retained it there three months, during which time the patient felt as well as ever. The pessary was then removed, and to the present time not one bad symptom has returned, and the patient and her friends feel confident that she is permanently cured.

Of pessaries I have used six kinds, and am confident that Staufer's is far superior to any others with which I am acquainted. If the case demands mechanical treatment his instruments will do exactly what is claimed for them. He also allows the physician to make a free exchange of any hard rubber part until a perfect fit is obtained. S. L. Chase M.D.

Colchester, Conn.

Extensive Scalp Lesion.

Ed. Med. and Surg. Reporter:—

Saturday evening, August 11th, 1877, Willie P. aged 11, healthy, family history good, fell out of a wagon on the doubletree of the horses; he caught hold of the dash-board, and as his head was appearing above it one of the horses kicked him on the back of the head; he fell and was dragged about 150 yards.

I saw him in about three-quarters of an hour after the accident. Found him conscious, a wound extending from an inch and one-quarter below the occipital protuberance to the coronal suture on the one side, and within two inches on the other; lifting this circular flap it showed that the scalp was loosened from the calvarium as far in front as the superciliary ridge. There was a denudation of the occipital bone to the extent of an inch and one-half square, the periosteum being turned up, forming a flap. Hemorrhage considerable; skull not fractured.

Dr. W. H. Gibbon assisted in dressing the injury. We shaved the head, using the suture and adhesive strips. Ordered the warm water dressing, morphia sulph., to alleviate pain, etc.

Tuesday, 14th. Boy in good spirits, rested well, but much disfigured, eyes black and swollen entirely shut. Made an incision over right eye, evacuating five or six oz. of sanguineous fluid, introducing a tent to keep it open. Continued warm water dressings, medicated with tinct opii., quinia sulph, in half gr. doses, etc.

Thursday, 16th. Boy doing well, appetite good, no indications of erysipelas, cerebritis etc. Swelling not so great. Suppurating.

September 15th. Boy well; small cicatrix, caused by incision on forehead.

Respectfully

Tom M. Throckmorton, M.D.

Derby Iowa Oct. 1st, 1877.

—The *Times'* Bucharest special says: "George Lamson, an American surgeon, now attached to the Russian Soldiers' Relief Society, who served in the ambulances during the Franco German and Servian wars, has arrived at Bucharest."

News and Miscellany.

Tattooing Syphilis.

A striking example of the spread of syphilis from secondary lesions came to notice in this city recently. It was noted at the Philadelphia Hospital, some time ago, that a number of patients who had been brought to that institution suffering with syphilis had been inoculated with it through the process of tattooing. Shortly afterward it was ascertained that between two and three hundred persons at Reading, Pa., had been similarly inoculated, and that it was the work of a tramp named James Kelly, more familiarly known as "Kelly, the Bum." Measures were at once taken by the police authorities of both cities to insure the arrest of the man. He freely acknowledged that he was in the tattooing business, and that he had pursued his calling at Reading. He most positively denied, however, any intention of injuring any one, and produced the paraphernalia used in the tattooing, a number of needles and a quantity of India ink, stating that he followed it as a means of livelihood. Dr. F. F. Maury examined Kelly, and found that he was afflicted with the disease, and that in plying his vocation he would put the needles in his mouth, which was filled with sores, in order to wet them preparatory to use, and by this means had innocently inoculated the persons who had engaged him to perform the operation.

Personal.

—Almost everybody has forgotten about the blue glass craze, but Dr. Wilkins, of the Napa Insane Asylum, California, says that some of his patients read about it and thought it might benefit them. So he had windows fitted with blue glass, for converts to the doctrine, and he has reason to believe that in several cases there were most salutary results. He is careful to say, however, that he feels inclined to attribute this improvement in the condition of the patients to the influence of the mind rather than of the glass.

—Dr. Rothrock, of this city, has been appointed botanist to the Woodruff scientific expedition. We understand he will accept.

—There was a fatal case of sunstroke in Aurora, Ill., on Tuesday, the 2d instant. The thermometer stood at 90° in the shade at the time.

OBITUARY.

DR. JOHN RODMAN PAUL

Died at his residence, No. 903 Pine street, on Saturday, October 6th, at the advanced age of seventy-six years. For many years he practiced his profession in the southern part of the city, being located on Pine street above Second. He, however, retired from active duty about thirty years ago. Up to the time of his death he was an inspector of the County Prison, and was also largely connected with the cotton mills of the Washington Manufacturing Company, at Gloucester. He was a trustee of the University of Pennsylvania, and treasurer of the College of Physicians.

DR. WILLIAM MASON TURNER,

Aged forty-one years, died at his residence, in this city, No. 1428 North Seventh street, on the 6th inst. Dr. Turner was a gentleman highly respected, and a practitioner of acknowledged worth. Of late years he turned his attention to literature, and was a constant contributor to various medical and lay journals.

DR. WILLIAM P. P. SANDFORD

Died at his residence, No. 33 Commerce street, Newark, New Jersey, October 2d. He was born in 1806, and graduated from Columbia College in 1827. Studying medicine, he graduated from Rutger's College, New York, the same year. In 1835, his health failing him, he retired from his profession, having amassed a fortune. But his active mind would not let him remain long idle, and he took charge of an established school in Newark. After partially regaining his health, and having lost his property, he again took up the practice of medicine, and continued that practice, as his health would permit, till the time of his death.

MARRIAGES.

Atkinson — Chamberlin.—In Newbury, Vt., September 20th, by Rev. S. L. Bates, George H. Atkinson, Jr., M.D., of Brooklyn, N. Y., and Clara R. Chamberlin, of Newbury.

Benson—Ganson.—On Wednesday, October 10th, at Grace Church, Jersey City, by Rev. Spencer M. Rice, Dr. S. L. Benson, of New York, and Helen Downs Ganson, daughter of John W. Downs, Esq., of Brantford, Ontario.

Connell—Gayle.—Thursday, September 27th, 1877, at the Baptist church, New Liberty, Ky., by the Rev. G. W. Wheatley, Dr. J. W. Connell and Miss Mattie E. Gayle.

Mitchell—Thomas.—On the 3d instant, at St. Stephen's Church, Philadelphia, by the Rev. William W. Spear, D.D., J. Nicholas Mitchell, M.D., and Florence L., daughter of A. R. Thomas, M.D.

Pruyn—Tobey.—October 3d, at Kinderhook, N. Y., by Rev. E. A. Collier, Peter V. S. Pruyn, M.D., and Mary B., daughter of Hon. Wm. H. Tobey.

Segur—Darrell.—On Wednesday, October 10th, by Rev. Charles H. Hall, D.D., Dr. B. A. Segur and Lina, eldest daughter of Nathaniel R. Darrell, Esq., all of Brooklyn.

Talbot—Thomas.—On Tuesday, September 25th, 1877, at St. Paul's Church, Wickford, Rhode Island, by Rev. W. W. Ayers, assisted by Rev. G. I. Magill, Mary Charlotte, daughter of Allen M. Thomas, of Wickford, and Dr. Robert Bancker Talbot, of New York.

DEATHS.

Lathrop.—Suddenly, at Wailuku, Maui, Hawaiian Islands, on September 1st, George A. Lathrop, M.D., of New York, in his 58th year.

Paul.—On the morning of the 13th instant, John Rodman Paul, M.D., of Philadelphia, in the 76th year of his age.

Sandford.—In Newark, New Jersey, on Tuesday, October 2d, William P. P. Sandford, M.D.

Southmayd.—In Middletown, Connecticut, October 9th, 1877, Samuel G. Southmayd, M.D.

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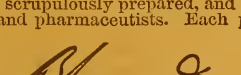

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1079.] PHILADELPHIA, NOV. 3, 1877. [Vol. XXXVII.—No. 18.

Original Department.

Lecture.

ECZEMA, WITH SOME SPECIAL REMARKS UPON THE LOCAL TREATMENT.

Delivered at the Pennsylvania Dispensary for Skin Diseases, by J. V. Shoemaker, A.M., M.D.

REPORTED BY RUFUS K. HINTON, M.D.

Gentlemen:—This patient, Mr. W., married, forty-two years of age, has been suffering for some months with eczema of the left leg. The disease extends from the patella down the limb, covering its entire extent as far as the metatarso-phalangeal articulation. It is one of the most common and obstinate affections of the skin, and it is highly important to have a thorough and careful understanding of it. Statistics compiled by Wilson and Anderson show that in 21,000 eruptions of various kinds 5879 cases were of eczema. It is said to be more frequent in the male sex. In 6000 cases under the care of Hebra, 4000 were in males. Some months since this patient was run over by a wagon, and sustained a fracture of the lower third of the tibia, and eczema has resulted, either from the injury or the application of remedies to the broken limb. Eczema may likewise be caused by pressure of clothing, coverings of the feet, frictions with medicated substances, or anything that irritates the skin. It may be due to some constitutional disease, and among many of its causes may be mentioned general debility, chilling of the surface of the body, gout, dyspepsia, deficient kidney action, morbid products in the blood; in fact, any internal derangement may give rise to it. Our patient is large, vigorous, and entirely free from any constitutional causes I have named. It is, then, clearly traceable to the injury of the tibia, as it is from this date that the disease made its appearance. Eczema most frequently appears upon the surface of the skin in the form of small vesicles; these burst, and result in a catarrhal discharge. This fluid has the power of stiffening linen when absorbed in its meshes. Fox states that this disease begins primarily by the development of vesicles. He adds that in the majority of patients the physician's attention is called to the cases after the vesicles have ruptured, which accounts for so many failing to find the primary condition of vesication. If each member of the class will pass around and look upon the outer extremity of the limb with this lens, here and there you can see well-marked vesicles. The patient says the limb weeps every day. Each day new vesicles are formed, and in their turn they burst, causing this moisture of the parts that he so aptly terms weeping of the limb.

The common seats of this trouble are the scalp, face, legs, arm-pits and forearm. It presents a different appearance in each of these situations. Here, as in almost all cases where it involves the limbs, the surface is of a livid color, and is covered with scales and crusts. On entering the room to-day, I found the patient with an old piece of muslin, trying to rub from the surface of the limb these scales. During this manœuver, he kept groaning and distorting his face in all shapes. Looking up suddenly he said, "Oh! Doctor, it burns like coals of fire every time I rub off the dirt." The

rubbing of this inflamed surface is just what the patient should avoid. But in almost all the cases that present themselves for treatment, in both dispensary and private practice, they resort to this rubbing, to keep the parts clean. The result is, that the inflamed surface that is endeavoring to heal by nature's process is constantly interfered with. The horny and mucous layer of the epidermis, that acts as the external covering, is thus constantly scraped off, exposing the bleeding vessels in the papillæ. Can nature heal a surface where her products that must act as a covering are continually carried off from the surface where they belong? This local sensation of heat, or burning in the part, is only present when the patient rubs the limb. On the other hand, the itching is constant and very severe; at times he will scratch and tear the limb half the night, causing these linear abrasions over its surface. The changes in the skin vary, according to the duration of the disease. In the acute stage, the papillæ of the derma becomes enlarged by an infiltration of serum and cells into it. Spindle-shaped cells are formed, extending from the papillæ into the mucous layer. These cells are often arranged in the form of meshes, containing in their interior swollen epithelial scales. This infiltration in the papillæ gives rise to papules. When the exudation in the papillæ is present in a large quantity, it finds its way to the mucous layer, elevating the horny layer of the epidermis in the form of a bleb or blister. These vesicles thus formed are quite small, generally about the size of a pin's head, and are closely packed together. They exist unbroken a very short space of time. The epidermis, either from the pressure of the garments or the exuded serum, rupture, giving exit to a colorless fluid. This exudation by evaporation, dries into yellowish crusts or scales. The horny layer of the epidermis is thus constantly shed, depriving the skin of one of its essential coverings.

No error should occur in diagnosing ordinary eczema. The acute form may sometimes be mistaken for one of the eruptive fevers, in consequence of the pyrexia that sometimes accompanies it. All doubt quickly disappears as the vesicles rapidly show themselves. The eruption in eczema is out of all proportion as regards the fever. It is of especial importance that you learn to distinguish between this case and psoriasis. The history of this characteristic discharge is the essential guide. In psoriasis the scales are epithelial, and occur as the primary form of the disease; no moist or weeping surface is present. In eczema the scales are only partially epithelial, and the crusts are the result of imflammatory products. In psoriasis the disease especially involves the elbows and knees. In this case the patches of scales and crusts have a gray and yellowish appearance, while in psoriasis they are silvery white; you have again and again, while examining patients suffering from psoriasis, in this room, seen the silvery white scales lifted from the skin, revealing a bleeding derma beneath it. Pityriasis rubra is distinguished from this case by the whole surface of the body being generally involved. There is no discharge, as in this patient's condition. The skin in pityriasis rubra is red and covered with branny scales, easily detached.

The second case, involving this woman's right limb, is similar, in many respects, to the one I have fully described. The patient is about sixty years of age, and is in very feeble health. She is anæmic and greatly debilitated. The leg is large, swollen, and the seat of angry inflammation. As she turns the limb you can see a number of livid spots over the surface, large crusts and scales, of a yellowish color, adhere, in quantity, over the entire limb. You can see this patient has the same desire to pick off these scales, and rub the surface, that was observed in our last case. And the evil effects here are even more apparent than in the last patient. All the spots that have been picked and rubbed present a raw and irritable appearance. She has been afflicted four years, and states that it began as a small spot near the ankle, from wearing tight shoes. An open sore soon followed, and she thinks that it spread until it involved the entire leg. The great debility of the patient's system had lowered the resistant power of the body, and the irritation by the pressure of the shoes had quickly excited this condition. For more than two years the cloths wrapped around the parts were constantly wet from the discharge, and she says, positively, that on the outer side of the limb she had frequently observed small blisters. It has passed from the acute stage, with the catarrhal discharge, to the chronic variety that is now present. The limb is huge and shapeless, in comparison to this left one,

that is in a healthy state. The changes in the skin are decidedly more marked than in the first case. The skin over some portions of the limb is raw and red; other parts are cracked and covered with crusts. On the anterior part of the limb, where the parts have been scraped by rubbing, it looks glazed and shining, in addition to being very red. The patient complains that the parts are hot, tender, and very painful. The older the eczema, the greater the change in the skin. The papillæ become enormously enlarged, and on this limb, in several places, are visible to the eye. The cell infiltration also becomes more marked, extending into the panniculus adiposus. Knowing that these changes have taken place in this case, it is not at all difficult to account for this obstinate case of eczema.

Scabies, or itch, frequently co-exists with eczema. In such patients how can you make out your diagnosis. The history of the case will be an important guide. Several members of the same family are frequently attacked by scabies. If scabies is present, you will often see the remains of furrows. In addition, the itching is worse at night, and becomes intensified when the body is heated. Finally, if scabies is present, by placing the crusts under the microscope, the ova or itch mite can be detected.

The third patient, Mr. H., married, fifty-two years of age, has been working as a puddler, in the neighboring State of New Jersey. Fifteen months since, while at his usual work of carrying boiling metal, he slipped, fell, and spilled the molten mass over the entire left limb. As I uncover the parts you can see the surface involved. It is both red and raw upon the posterior portion of the limb, while on the anterior part and dorsum of the foot a number of small vesicles are distinctly seen on the edges of the inflamed and shining skin. The parts itch and burn intensely, so that now the patient can hardly keep from scratching the surface. These linear abrasions are produced by scratching.

Burns may be caused by the sun's rays, fire, heated metals, chemicals, etc. Molten metals are decidedly the most destructive agents. It is more dangerous when the clothing is burned on the body, and is not removed quickly, than when a flame is brought in contact with the bare portion of the skin. A large surface of the body involved is very dangerous. Delicate and weak persons cannot stand the effect of a burn like such a vigorous individual as our patient.

The German writers divide burns into three degrees. In the first degree the temperature is 99.5° Fahr., and produces hyperæmia of the skin. In the second degree, the temperature varies from 167° to 212° Fahr. Exudation takes place, and the epidermis is elevated in the form of blebs or blisters. These vesicles rupture, and are replaced by others in from 8 to 14 days. In the third degree, the temperature is over 212° Fahr. The skin, by this high temperature, is either partially or totally destroyed. As a result of burns of the second degree, eczema generally supervenes. Eczema has followed in this patient. A burn like this brings about the same changes in the skin that I have previously enumerated.

'In treating these cases recollect that there is not only an alteration in the superficial, but also in the deep portions of the skin. The cellular tissue in the deep layer is increased, the papillæ are enlarged, and the blood vessels are dilated. The blood is backed up in the vessels, giving rise to congestion and effusion of serum in the tissues. The blood has been unable to circulate, and has become devitalized. The tension of the parts must be relieved, and it can easily be accomplished by depleting the surface of the skin with the needle knife. I take the first case and pass the needle-knife quickly and rapidly over the surface of the limb. A black blood, having almost the appearance of tar, comes, in points, slowly to the surface. It is followed over some portions of the limb by the escape of serum. This blood is devitalized, it acts as a foreign substance, it causes the congestion and tension of the parts. I resort to this same procedure in the second, and also in the last patient; you can see in them all that the principle is the same. It relieves this congestion and awakens the action of the absorbent vessels. This antiphlogistic application of the needle-knife should be repeated in three or four days, and so continued until you have relieved the local congestion. These patients must discontinue rubbing the limbs to keep them clean. For as fast as nature supplies this outer envelop, the horny layer of the epidermis, they scrape it off, and never give it an opportunity of healing. Soft water should be applied every day to the parts, as it is the best of all local remedies. Hard water is irritating to an inflamed

surface, and may be softened by boiling, or the addition of flour. The water should be brought in contact with the limbs by pouring it over them from some vessel, or by dipping an old piece of linen in water, and then mopping the surface. A piece of dry linen can then be pressed down upon the limb until the skin is clean and dry. But never allow your patient to rub the skin, and so scrape off these vital cells of the horny layer of the epidermis. I have used in the dispensary, as a local application, with marked success in a number of cases, crude petroleum. It fulfills two essential indications, cheapness and a soothing application to the parts. Immediately after applying it great relief is experienced, the hot and burning surface has a cool and pleasant sensation. Each one of these patients should apply to the limbs crude petroleum several times during the day. Arsenic is prescribed entirely too often in eczema. It will frequently break down the patient's health, and so increase the disease. It is not indicated in these cases, and would absolutely do harm.

Communications.

SCIATICA—WITH THE HISTORY OF A CASE, AND TREATMENT.

Read before the Orange County Medical Society of New York, at its semi-annual session, held October 2d, 1877.

BY J. H. THOMPSON, M. D.,

Of Goshen, New York.

There is nothing we know so thoroughly well as that which we learn by experience. Its teachings are always positive and practical. If properly heeded, its lessons are fraught with pre-eminent usefulness. It is an exemplification of the highest wisdom to profit by its happenings, as it is an exhibition of equal folly to disregard its voice of instruction.

In no department of useful knowledge is experience so valuable and important, perhaps, as in practical medicine. It is a matter which has to do with human life and happiness, and so concerns the most vital interests of our physical and social well being. Upon nothing does the progress and perfection of medical science so much depend as upon a careful, assiduous and zealous observation of the phenomena of disease and the best means of its successful arrest; as attention on the part of the practitioners of the healing art to the minutest details of their every day experience. All, indeed, of dignity as a science which medicine may justly lay claim to, is based upon, and is the product of, the accumulated experience of its disciples. The record of this acquisition serves the only available resource for our intelligent exercise of the profession, the grave responsibilities of which we essay to practice. Assuming, therefore, the truth of the essential value of practical knowledge to successful advancement in medical science, it needs no argument to enforce upon any mind imbued with a right sense of moral obligation, and appreciative of the authoritative behests of our high vocation, the duty of every one of its votaries to contribute of the results of his professional knowledge, acquired by daily observation and experience, all the information of which he is capable, for the instruction and advantage of the whole fraternity, to the fullest possible extent; and thus endeavor to subserve, not only the highest usefulness of the profession at large, but to promote, as a necessary sequence of such effort, the best welfare and supreme blessedness of our common humanity.

In obedience to the sentiment which I have thus briefly expresssed, and which embodies, I believe, the true principle of duty which should govern the conduct of medical men in their relations to the profession, I avail myself of the present opportunity to present to the society the report of a case of disease which I have recently personally suffered, and on account of which I sought advice of members of the society at the annual meeting in June last, in the hope that such narrative may prove serviceable to those of my confreres who may, perchance, encounter a like malady in practice, especially as to their success in treatment.

The disease in question, of which I was the unfortunate victim, expressed in a single word, was sciatica. Its date of attack was the 20th of February of the present year; consequently it had had a progress of three months and a half's duration, when brought to the society's notice. The violent seizure—to trace the course of the malady from the beginning—I will observe, was preceded some three weeks by that character of rheumatism commonly denominated lumbago. Although at times considerably distressing, it was suffered to exist without any resort to special medication

efficient of cure, during its entire progress, the hope being entertained that it would evacuate reasonably soon, without active means of removal. While suffering from this difficulty, I was called to attend a parturient patient, on a cold night, and in a domicil insufficiently warmed. The labor in the case proving to be tedious, I was able to obtain only a few hours repose, and that after my return home the ensuing morning. In this obstetrical experience, incident to the vicissitudes of the occasion, there occurred a greatly increased aggravation of the existing lumbagial trouble. At any rate, following the exposure to cold and fatigue to which I had been subjected, as related, I found myself, on attempting to rise and dress for breakfast, so distressed as to be almost unable to assume an erect position. In this condition, for the purpose of relief, I resorted to a warm plunge bath. The result of the experiment was most unexpected and disappointing; and, following it, occurred an entire revolution of symptoms. The pain which had previously been confined to the back and diffused, now changed its location and became concentrated. The metastasis was to the right glutei muscles. And in this place, let me say, it located to stay for five long months.

In this connection I deem it especially important to note three facts: first, the suddenness of the pain in its translation; second, its particular location in change of seat; third, its concentrated character upon attacking glutei muscles.

After seizure of the buttock, the pain, in a few days, attacked the leg. In its downward invasion it almost entirely passed the thigh and knee. The locality of assault of the leg was its anterio-outer aspect; and in respect to fixedness and circumscribed limit, the pain in the extremity corresponded almost exactly with that experienced throughout the progress of the difficulty in the ham.

I pause at this juncture to make an observation or two in regard to the diagnosis. Considering the cause from which we may reasonably believe it originated, or which was provocative of its development; and considering, also, its intimate connection with a previously existing trouble of a metastatic character, there can, doubtless, be no question of a rheumatic diathesis in the case. And, in view of the locality of the pain, and the symptoms manifested, it would appear equally certain that the great sciatic nerve was involved. Consequently, it may, I think, be fairly concluded that rheumatic sciatica is the disease, or the appropriate title for it, of which I was the subject, at the period now considered.

Recognizing the pathology of the difficulty correctly represented by the above-stated diagnosis, the malady was sought to be combated, in the outset of the attack, by those therapeutic means which observation, confirmed by authoritative clinical results in like cases, has established as salutary and efficient. Two important indications were to be met in the treatment, arising from two correspondingly important factors in the case. One object necessary to effect was the reduction of the system due to excessive plethora; and the other required was to get rid of the specific morbific poison upon which the disease depended. To compass this twofold end, antiphlogistic and anti-rheumatic agents were employed, the constitutional condition and the specific disease rendering a common selection of remedies appropriate of resort. In the treatment instituted, saline cathartics, wine and acetate of colchicum, several of the potassas, diuretics of direct and alterative action, salicylic acid, etc., were the leading medicinal agents relied upon, together with such local appliances as rubefacients, counter-irritants, vesicants, cupping and electricity. But another element of disease, complicating the treatment, is to be noted. I refer to the neurotic element. The symptoms of a neuralgic character, consequent upon this feature of the trouble, were kept in check principally with anodynes, of direct or indirect action, promotive of that effect; these being rendered necessary equally on account of the rheumatic suffering present. With a more special curative object in view, various other medicinal articles of an anti neuralgic character and virtue, were resorted to from time to time. Of this class, chief reliance was had upon quinine, iron, gelseminum, iodoform, phosphorus, nux vomica, valerianate of zinc, sulphate of nickel, etc. Despite, however, the aggressive warfare prosecuted against the foe, by the multiplied weapons of resort, the enemy refused to surrender, though, after awhile, abating the fierceness and enmity which signalized the onset of attack.

As particular professional interest does not attach to the case, further than already disclosed, till about the period when I presented

myself before the society, in the instance heretofore mentioned, I will omit a detailed account of my experience during a few weeks' time, except to add that alternate suffering and comparative freedom from pain characterized my condition meanwhile.

Commencing with about the third month of my illness, occurred a gradual aggravation of the symptoms, the neuralgic trouble becoming the most marked feature, and rendering sciatic neuralgia an expressive and appropriate characterization, now, of the difficulty. In the meantime, too, were developed evidences of disease other than that of local existence, not yet adverted to. I have only to recall to your recollection my appearance upon the occasion of the exhibition of myself in your presence on the 5th of June last, to impress you with the conviction. I take it, as entertained on my part, that insidious disease of some grave character had attacked some important organ or organs of my system. That some serious lesion at that time existed, was manifest in the waxy, lardaceous aspect of surface, and œdematous infiltration of cellular tissue, amounting almost to anasarca, in the region of the loins and pelvis, a condition which I apprehend you will all remember in the clinical exposure you witnessed on the occasion just alluded to. As was suspected, though not at the period adverted to, and satisfactorily determined on the part of my attending physicians, the special organs involved proved to be the kidneys, and the disease which gave rise to the symptoms indicated was undoubtedly a renal difficulty. Upon microscopic examination, the urine was found to contain numerous casts, evidencing the precise pathological trouble to be desquamative nephritis. Due to this complication, may be referred, without doubt, the greater share of my suffering, first and last.

The day subsequent to the event of seeking advice of the members of this society, as I had previously planned to do, I made a trip to New York; and on that visit to the city I called upon Dr. Willard Parker for professional counsel. He gave me a careful, and apparently interested examination, announcing my difficulty to be, in his judgment, *lumbar sciatica*, and expressing the belief that the real seat of the trouble was at the roots of the nerves distributed to the right gluteal region, and especially involving the great sciatic nerve. I have no doubt of the correctness of Dr. Parker's diagnosis. He made no suggestions of particular interest, as to general treatment and medication, further than had already been tried. Upon his advice, on returning home, some important local means were had recourse to, that had not previously been employed. In the consultation, I unmistakably got the impression, not by avowal in so many words, but inferentially, that he entertained an unfavorable prognosis, at least of speedy recovery. And how otherwise could he have believed or prognosticated, in view of my bad general condition, and the local aspects of unpromising augury in the case, as indicated by my wrenched and misshapen person, consequent upon the effects of the terrible malady that had stricken me.

The jaunt to the city, besides having proved difficult of accomplishment, owing to almost impracticable, as well as very painful, locomotion, resulted, I am convinced, in incalculable aggravation of the disease. On my return home I soon betook to my bed, almost steadily keeping it till obtainment of final relief. The torturing agony which I endured during that period of confinement I will not attempt to describe. The suffering was paroxysmal, for the most part, the attacks, however, lasting often for hours; and as to severity, the pain was simply excruciating. Indeed, as the trouble progressed, the pain, toward the close, became downright terrifying, and utterly demoralizing in its effects upon me. But, as all things must, it had an end at last. The night of the 27th of July signalizes my deliverance from the thraldom of my tormentor. The departure of the pain, as had been its advent, was marvelously sudden; so sudden, in fact, that I could hardly believe the reality of its exit. And, thank God! it departed not to return; for since exorcised, up to the present moment, I have not been haunted even by the demon's ghost.

I will occupy but little space in the narrative of the symptoms which characterized the last weeks of my suffering, additional to those already mentioned or foreshadowed. Among the most important of the later developments or sequelæ of the malady were diminished temperature and atrophy of the right inferior extremity, evidencing impaired innervation and nutrition of the limb. The latter condition was indicated by a measurement showing a full inch less circumference of the calf of the right as compared with the left leg; and the extent of

coldness of the same extremity may be inferred, when the fact is stated that a heated brick to the foot was needed to maintain comfortable warmth, with the thermometer registering, say 85° in the shade.

Another notable feature was the growing tenderness over the lumbar vertebræ, right glutei muscles, and along the tract of the sciatic nerve, on the one hand, and diminished sensibility of the leg and foot of same side on the other; thus denoting, unmistakably, progress of neurotic lesion and functional nerve derangement. The insensibility, especially of the foot, I will remark, culminated into a condition of semi-paralysis; and even at the present time there still exists some numbness of the large toe of the foot in question.

In connection with the symptoms just referred to, and having like origin, may be mentioned the fact of excessive hyperæsthesia pervading the region of the right hip. So sensitive were the parts in this locality, due to tenderness of the sciatic nerve and exalted sensibility of the cuticular surface, as to render lying upon the affected side quite impracticable.

Beside those already detailed, there were some other complications which greatly added to my distress. I particularize only one more. It was the occurrence of tumors, phlegmonous in character, and hard, and of considerable size, located in connection with the muscle of the leg attacked early in the trouble, arising from the piercing of the muscular tissue with the needle of a hypodermic syringe. This unfortunate procedure was the occasion of untold suffering to me. The well-meant but ill-advised operation was the act of a professional friend whom I met on the occasion of my visit to the city.

A few words here respecting the final treatment employed. More than a bare reference to it is inadmissible, for lack of space. Let it, then, suffice to remark that, in the latter stage of the difficulty, those agents best calculated to give relief to neuralgic suffering seemed most indicated, and were accordingly very extensively utilized, a single trial of the same drug in this class not always discouraging confidence in its efficacy if repeated. Other remedies, too, that had been prescribed, and that had proved serviceable at an earlier period, at this time were renewedly appropriated, according to recurring therapeutic necessity. I may cite, as another example of the repetition of medicines of a given class, those agents which most effectively promote the action of the kidneys—besides salutary, indirectly, in other respects—as having been retaken, though previously had recourse to. While omitting, however, to give the list of remedies, let it not be conceived or inferred that persistent and heroic general and local treatment was not continued to the end. As a sample of the latter, which may illustrate the character of the former, as to the selection of potential instruments, I will cite the repeated application of the actual cautery, employment of a red-hot glass rod, tipped along the course of the diseased nerve, from time to time, creation of issues in the back, and recourse, in other modes, to kindly-intentioned curative resort, though of painful infliction.

The results of the concluding few days' treatment, pending the period of greatest suffering, having proved so notably successful, I will give it in full. Following are the two last prescriptions ordered:—

1. ℞. Ammonium brom., ʒv
Aconitæ rad. tinct., gtt.lxx
Aqua puræ, ℥iv. M.

Sig.—One teaspoonful every six hours.

2. ℞, Morph. sulph., gr.viij
Aqua puræ, ℥iv. M.

Sig.—One teaspoonful every six hours.

I should state, that immediately preceding the taking of the medicine represented by the recipes given above, I had been for some days upon a prescription of quinine and iron, which was still continued. In respect to the use of morphine, I will state that, hitherto it had been administered hypodermically, as necessity demanded. By the new directions for giving it, it was authorized in the old way only in case of extreme pain, and at bedtime. Now note the result. On the second night after the adoption of the treatment detailed came the sudden and grateful relief which I have elsewhere described. Not only was the treatment thus effective in respect to prevention of recurrence of paroxysmal attacks of pain, but there was recovery, as well, from the tenderness over the tract of the affected sciatic nerve, and from the exquisite sensitiveness of the peripheral surface of the same side, which had before obtained, and which I have remarked about in another place.

This sudden immunity experienced from the

suffering incident to the sciatic affection with which I had been for so long a period afflicted, opens up a subject of interesting inquiry to the medical philosopher. For my own part, I will not attempt to solve the mystery of the disappearance of the pain in the unconscious hour of a single night; but I will venture the suggestion whether there was not an intimate relation between the last remedies employed in the treatment and the irritation of the nerve tissue, or fibrillæ, on which the neurosis depended, proving antidotal and curative in respect to that irritation. Before final dismissal of the subject of treatment, in general, of the very intractable, as well as painful, ailment we have been considering, I take occasion to record, for the benefit of members of the society, a couple of valuable suggestions, under this head, communicated to me by professional friends, after the necessity for practical application, in my case, had passed. One, to which I advert, was delivered to me by Dr. C. P. Smith, of Chester, the remedial procedure involved having his endorsement based upon trial in practice; its prime author, however, being Prof. Wm. H. Thompson, of the University of New York. The treatment recommended consists of the heroic and persistent administration of croton oil internally; and tipping with actual cautery, over the course of affected nerve, locally. For the other suggestion of relief referred to, I am indebted to Dr. J. Linsly, of New York city. It is a medication which has for its authorship a no less authority than Prof. Austin Flint, Sr., personally advised, through Dr. Linsly on my behalf. Following are the remedies he suggested, and his counsel in the premises. Ten grs. sulph. quinia, daily, for ten days; and, if not relieved in that time, to take Fowler's sol., with the fluid ext. of the seeds of corium, by Squibb.

Another chapter in the history of the case of the disease the progress of which we have thus far traced might, perhaps, not without interest and profit, be added to the foregoing; for, it must be remembered, that, after the cessation of pain, I was far from having recovered from the malady. But I am admonished that, to pursue the narrative of my difficulty in extenso to convalescence, would weary all concerned; and I therefore dismiss the story of my trouble with the single observation, that my improvement has been satisfactorily rapid, and that the prospect is reasonably encouraging of complete restoration in due time, to former symmetry and robust health.

Before concluding this paper, I feel constrained to add an observation, personal in character, in reference to medical gentlemen of this Society. It is in acknowledgment of the kindness of members toward me, so many of whom visited me during my painful and protracted illness; giving me the benefit of their valuable counsel and comforting sympathy. To one and all I tender my cordial thanks and grateful appreciation for that kindness shown to me in my time of need and distress. To my village neighbors of the profession, for their attentions; and above all, to my attending physician, Dr. S. G. Carpenter, of Chester, for his long, faithful, and efficient services upon me, I desire especially, at this time, to express my recognition of obligation and hearty thanks.

Hospital Reports.

UNIVERSITY HOSPITAL.

SERVICE OF WILLIAM PEPPER, M. D., PROFESSOR OF CLINICAL MEDICINE.

(Reported expressly for the MEDICAL AND SURGICAL REPORTER.)

Saccharine Diabetes.

A. H., aged 24, was perfectly well until 1871, when he suffered from abdominal colic. He recovered, however, from this attack, and continued well until last December, when he began to grow weak, and to crave food and drink. His urine was greatly in excess. He continued to grow more and more emaciated. He also complained of pain in the right hypogastric region, and of shortness of breath on exertion. I can learn nothing with regard to the boy's parents. He seems to have had a very hard life of it thus far; received blows on his head very frequently when young.

The general and special symptoms of diabetes are well known. The urine is almost always very greatly in excess. The sufferer is obliged to get up frequently during the night, to pass water. The natural quantity of urine passed in twenty-four hours is about thirty fluid ounces; in diabetes sometimes as much as ten quarts is passed in the same time. In severe cases the quantity is even greater than this, as much as three, or even four gallons during day and night. Excessive diuresis, therefore, is a marked symptom. Saccharine diabetes must be distinguished from Bright's disease or albuminuria. In Bright's disease there is albumen, and no sugar in the urine, and the specific gravity of the urine is, as a general rule, below the normal, about 1005-1006. Dropsy and granular degeneration generally accompany the dis-

ease. In saccharine diabetes the specific gravity is always above normal, that is, above 1020, the stools are hard and dry, and sugar is always present in the urine. There may be cases of simple excessive diuresis without the presence of sugar. In the present case the urine is very light-colored, slightly turbid, and with a very high specific gravity, above 1033. This boy has passed three hundred fluid ounces of urine in twenty-four hours. His urine contains a large quantity of glucose. In diabetes you nearly always find excessive thirst and craving for food; usually there is a direct proportion between the thirst and the amount of urine passed. The weakness may be excessive before the unusual excess of urine be noticed. In this disease the skin is usually harsh and dry. There is very rarely any sweating. Sometimes the presence of sugar in the blood brings on itching and eruptions of various kinds on the skin. These eruptions are often very difficult to cure. The tongue is red, the throat irritated, and the digestion fails. In later stages it is customary to find a good deal of dyspepsia, with eructations and general torpidity of the bowels. If the case progresses to an unfavorable termination there are evidences of profound malnutrition, obstinate diarrhœa, slow, dry gangrene, and inability to bear any strain or shock. Surgical operations at this period are generally followed by rapid gangrene, and fatal results.

The sugar found in the urine in this disease comes from the starchy foods eaten. The blood of the portal vein contains, in health, a considerable quantity of glucose, which in the normal subject is broken up into blood and carbonic acid. This is the natural healthy process which is stopped in saccharine diabetes. The starch is changed in digestion into glucose, and reaches the portal vein in that state, but never goes beyond that stage, and therefore goes into the general circulation as glucose. The liver plays a very important part in diabetes. Not only does the starchy food taken never pass beyond the stage of glucose, but it is also probable that the so-called glycogenic, or animal glycogen-producing, function of the liver is unusually, abnormally, active in diabetes.

A certain set of organic diseases of the brain are attended with diabetic symptoms. These diseases all affect the floor of the fourth ventricle, near the origin of the pneumogastric nerve. Experimental lesions of the floor of this ventricle are known to cause sugar to appear in the urine.

Diabetes occurs in all ages and in both sexes. All classes of persons are liable to it. There is often seen a set of *diabetics* past middle life who manage, in spite of their disease, to keep up flesh and strength. If there is not much sugar in the urine the case is generally of easy management. In youth diabetes is always attended with more or less danger.

In the hygienic treatment of this disease, the first effort must be toward the cutting off the supply of all starchy elements of food. If the urine becomes less abundant under this exclusive regimen, some hope of ultimate cure may be held out. In some very obstinate cases, even after excluding from the food starchy matters, the urine still continues to contain a large proportion of sugar.

In all cases the diet must be modified, as above stated. Much time might profitably be spent in the consideration of the dietetics of this disease, and I shall have to postpone this until a future occasion. As regards medicinal methods. I have derived the best of results from the continuous administration of large doses of opium; as much as ten grains may be given daily, in divided doses, without producing the slightest drowsiness. This treatment has been followed in the present case by a great decrease in the amount of urine and of sugar contained. The proportion of sugar, however, has not yet gone down. The boy is taking now five grains of opium daily, and the amount of urine has fallen from twenty to eleven pints daily. As regards the prognosis of this consuming and weakening complaint, nothing favorable can be offered, until the sugar begins to disappear from the urine.

Abdominal Tumors.

Case 1.—*Carcinoma of the Omentum in a Girl Fifteen Years of Age.* A child, fifteen years of age, had measles and scarlet fever about nine years ago. Three years ago she had an attack of cholera morbus. In April last she was seized with pain in her side and breast. This pain was very sharp, and has continued. She always suffers more when she is lying down. Her breath is very short. Four months ago her stomach began to swell, cough came on, there was some slight trouble in passing water. Much flesh has been lost, and the appetite is poor. The girl, though fifteen years old, has never menstruated, and there is no evidence, to speak of, of puberty. At present she has a sharp pain low down over the region of the liver. On lying down, the epigastrium becomes prominent, and general epigastric dullness is elicited on percussion. No interval exists between this abdominal mass and the liver. The tumor is very hard, and is too deep seated to be in the abdominal walls. No pulsation or fluctuation exists. Albumen is found in the urine, and the stools are small and putty-colored. The abdomen is enlarged, chiefly in the upper part. The dullness is found in the middle line, all the way from between the ribs to some distance below the umbilicus. It practically occupies the epigastric and part of the right hypochondriac region. Examination fails to show any enlargement of the spleen, and but slight enlargement of the liver. The dullness of the liver is continuous with that of the tumor. The liver is often the seat of enlargement. In amyloid infiltration it looks like stiff glue, and becomes double its natural size. This change very frequently takes place in scrofulous children. In this peculiar degeneration, the spleen and kidneys are apt to be affected, albumen appears in the

urine, and abdominal dropsy comes on. The liver, too, is enlarged equally in all its dimensions, and therefore still preserves its general shape. This mass is rounded, and has not the shape of the liver. Amyloid degeneration, too, is absolutely painless. In this case there is constant sharp pain. There is no dropsy here. There is no syphilitic, tubercular, or scrofulous taint here, and no bone disease. The presence of albumen in the child's urine is somewhat difficult of explanation.

The enlargement might be from malignant growths. Though common in the old, this is, however, a very rare condition in the young, except in the case of infants. Cancerous disease is always accompanied by progressive anæmia, cachexia, and emaciation, as in this child.

I should diagnosticate this case, in spite of the patient's youth, to be one of carcinoma of the omentum, close up to the lower margin of the liver, and running over the stomach. Though pressing already on the bile duct, it has not yet produced jaundice. In no other way can I explain this hard mass. This is an extremely rare case.

In the treatment we must limit ourselves to the relief of pain, and the employment of a well-selected diet. I know of no remedy which can be said to check the progress of carcinoma completely. Alteratives seem to have some power of affecting carcinoma by changing the general nutrition of the body. I have had good results occasionally from the administration of large doses of arsenic for long periods of time, in cases of internal growths. Iron may be given with the arsenic. Pain should be relieved, of course, by opiates.

Case 2.—A young woman, 19 years of age, born in Ireland, of healthy parents. General health very good until a year ago, when she began to lose flesh and strength. Last May she menstruated for the last time. Up to then she had menstruated regularly. In May she felt a pain in the lower part of the right side of the abdomen. The abdomen soon began to enlarge. She became anæmic, weak, and unable to attend to her work. Since May the acute symptoms have come on very rapidly. There is to day, fever, small and frequent pulse, and very marked weakness, pallor and emaciation. The abdomen is as large as that of a woman at the seventh month of pregnancy. The enlargement is not symmetrical. The mass projects near the umbilicus, which protrudes. There is no fluctuation. The percussion sound is perfectly flat, and the abdomen is very tender to the touch. The region of dullness is bounded by a very irregular line. Turning the patient from side to side effects no change in the amount or position of the dullness. Evidently there is no dropsy. Examination shows conclusively that there is no fœtus in the womb, and that that organ is not enlarged. The hymen is intact and the mammæ are wasted. The failure, too, of the general health points to some grave constitutional vice. The liver is in its proper position and of the natural size; so also is the spleen. The mass is not an ovarian tumor, though it may implicate the right ovary. The tumor evidently springs from high up in the abdomen. The terrible rapidity of the symptoms, the pain and general cachexia, point indisputably to a carcinomatous growth. The carcinoma, not restricted in its growth to any one organ, has involved the glands of the abdomen and peritoneun. The growth is already beginning to obstruct the intestinal passage. It is really enormous, twice as large as an adult head.

Of course the prognosis in this case points to a speedily fatal result, a result not to be postponed by any remedial agent.

Floating Liver in an Adult Female.

Case 3.—W. S., 41 years of age, married, has had seven children. Seven years ago she got up on the 5th day after the birth of her third child, and began to attend to her general housework. An hour or so after getting up she was seized with pain in the right lumbar region, shooting up to and across the epigastrium. The pain was of a burning and boring nature. She further noticed uneasy and painful sensations in the epigastrium. Her appetite was good, but her bowels costive. The pain was relieved by eating; she suffered from flatulence, eructations and swelling of the epigastrium; also from bearing down pain in the loins. Her skin has a yellowish tinge, which seems to be natural. There is no cough; she has been regular every month. When in the recumbent position, the skin of the abdomen is flabby and wrinkled, and peristaltic movements of the intestines can be observed. The liver extends across the abdomen to the umbilicus, from a vertical line drawn from the anterior superior spinous process of the ileum; extends downward to a horizontal line drawn from the same process, and extends upward to within an inch and a half of the lower border of the ribs. The transverse fissure of the liver can be felt about one inch to the right and below the umbilicus; the gall bladder can also be felt; the liver does not seem to be enlarged. There is great tenderness upon pressure in the right iliac region below the liver. The entire liver can be mapped out in the abdominal cavity. There is resonance over the usual position of the liver. If this were carcinoma there would be cachexia and emaciation. The woman's general health, however, is good. This is evidently a case of dislocated liver consequent on the rupture, or relaxation of the suspensory ligaments.

Nearly all the abdominal organs can be displaced. Enlarged spleens often float about. The spleen has no attachment but its blood vessels, which are long and tortuous. I have often found spleens in the pelvis. Kidneys, too, are frequently dislocated by a sudden shock. Nothing is felt at the time but a little pain and sense of dullness. The liver is rarely dislocated. In my experience, where it is disloca-

ted, it is generally in women, and produced without violence. The secretion of the bile and the color of the stools are healthy. I show you this case as a rarity.

Tonsillitis.

Man, 31 years old. Tonsils have been enlarged for nine years. This affection usually dates to an earlier age. The glands and follicles of the tonsil undergo inflammation, hypertrophy and induration. In some cases there may be a continual discharge of offensive matter. This inflammatory condition renders the glands very subject to sudden cold. This is a very annoying condition, and calls for relief. In the young, the gland can often be reduced in size by astringent treatment; in this case I shall have to amputate part of the right gland. This has already been done on the left side. Care must be had in using the tonsilitome, not to injure the sheath of the carotid, by cutting down too low. I have shaved off a thin slice of the gland, about one-quarter of an inch in thickness. By the application of astringents to the stump complete shriveling of the inflamed gland will be obtained.

The Diagnosis of Typhoid Fever.

First, as regards the temperature; this begins at 99½° in the first week. As the disease progresses it mounts up and drops down. Falling each morning, but not quite so far as on the preceding morning, and rising each evening higher than on the preceding evening. The temperature on the 7th day generally stands at 101° in the morning, and 102½° in the evening. In typhus fever the rise of temperature is not gradual, but very rapid, running right up to 102°, 103°, 104°, even higher. In the second and third weeks of typhoid fever the temperature is fairly uniform, though high, with a daily variation of from 1½°, to 2°. At the end of the third week the temperature begins to fall, each morning and evening, showing a correspondingly lower temperature. These data are of great value in determining whether the fever is running its proper course. In malarial fever there is a complete remission, or intermission, according to the type of the fever. This is never found in typhoid.

The other most pathognomonic symptoms of typhoid are those connected with the abdomen. The belly is very much swollen and tympanitic. There is either constant diarrhœa, or an irritable state of the bowels, with cutting abdominal pains. As regards nervous symptoms, in the second week there is usually dullness, listlessness, and hebetude. The patient wants to be let alone. At night there is, perhaps, muttering delirium, or even violent excitement. The eyes are almost entirely closed. There is twitchings of the muscles. The tongue is tender and moved with pain. There is loathing of food, but rarely vomiting. In the second and third weeks the pulse rises from 96 to 120. The frequency of the pulse is not as great as in typhus and scarlet fever. The breathing is shallow and frequent, with some sonorous rales over the chest. The eruption appears on the seventh and eighth days, and consists of spots of rose-red color, of the size of your finger nail, seen usually on the belly, between the nipple and umbilicus. These spots are scarcely, if at all, elevated above the skin. These may be absent. There is no proportion between the violence of the disease and the amount of eruption. One of the characteristic symptoms of this fever is profuse epistaxis. There is very rarely excessive thirst, for the mind is generally too much dulled in its sensations.

COLLEGE OF PHYSICIANS AND SURGEONS.

CLINIC ON DISEASES OF WOMEN, OCTOBER 5TH, 1877.

BY PROFESSOR T. G. THOMAS.

Dysparunia—Vaginismus.

GENTLEMEN:—I present to you a case which, when you enter practice, will be of service in aiding you to treat a condition which cannot be considered as rare. A point of interest to the physician, as well as the patient, is that, with proper treatment, a complete cure may be effected; and unfortunately a similar prediction cannot be made in many gynecological cases. Out of regard to the feelings of the patient, I shall run over the history. She says that since her marriage any attempt at coition caused very severe pain, and moreover, any proposition to that effect gave rise to severe trepidation. When she was placed on the table, and the labia drawn aside, the hymen was found to be complete. The finger was then placed upon it, when the patient suffered severe pain, similar, as she says, to what was felt during the efforts at intercourse. There was noticed, also, a caruncle near the urethra. Dr. Burns, the Scotch obstetrician, long ago recognized the disease, and since that time many have contributed to the literature of the subject. It was, however, to Dr. Marion Sims that we are indebted for the first thorough description, with method of treatment. He called it vaginismus. It seems that there is a hyperæsthesia around the vulva, and the slightest pressure gives rise to severe pain. The operation is quite simple, and, as I remarked, offers an exceedingly satisfactory result. After the patient is anæsthetized, she is placed upon her back, with the thighs separated as widely as possible. The assistants then draw apart the labia and expose the hymen. This is grasped by a forceps, and the whole of it removed by means of the scissors. Any hemorrhage is readily controlled by pressure or ligature.

The opening of the vulva is then further enlarged by several incisions carried downward and outward. The incisions in this manner radiate through the perineum. After all hemorrhage has ceased, the glass plug is inserted and retained in position by means of a strip of adhesive plaster, which passes from the

sacrum across the vulva to the abdomen, anteriorly. This plug should be kept continually in position for the first fortnight, and after that time, it may be found that by introducing it at night the necessary dilatation will be kept up. After six weeks it may be dispensed with entirely, and it will then be found that the patient is cured. I remarked, when speaking of the examination of the patient, that a caruncle existed near the meatus urinarius. It can be removed, without difficulty, by the scissors.

Ovarian Cyst, Following Pregnancy.

A patient, aged thirty-five, stated that six weeks after being delivered of her last child she noticed pain in her left side. A blister was applied, and following its use the pain changed to the other side. The pain has existed for five months, and shortly after its appearance she found that her abdomen increased in size till it became as large as a pregnant uterus at seven months. Dr. Thomas said: When I placed my finger into the vagina I found the uterus in its normal position, and movable. When I pressed on the tumor I found that the uterus was not connected with it, for the reason that when the tumor was moved the uterus remained stationary. When the hand was placed over the abdomen the tumor presented an irregular surface. The diagnosis of abdominal tumors presents many difficulties, and opportunities for mistakes, and it is important to arrive at a result by exclusion. We will first consider tympanites; and strange though it may seem, I am aware of several cases where the operator, under the conviction that he was dealing with a case of ovarian tumor, cut down through the abdominal wall, and only recognized the mistake when the cavity was laid open. It was only last week that I saw a case that came here from a distance of several thousand miles, and on examination no sign of ovarian tumor could be made out. The abdomen was simply distended with gas. It will thus seem to you that some attention must be given to the patient before tympanites can be excluded. The diagnosis of gas is simple; it consists in there being tympanitic resonance over the abdomen, without the existence of any appreciable tumor on palpation.

Pregnancy offers a more serious obstacle than the previous one. In the present case the patient was delivered of a child less than seven months ago, and although it is not impossible to find cases where conception takes place shortly after parturition, it must be considered as a rare occurrence. When the finger is introduced into the vagina the cervix is found flaccid. In the present case the os tincæ is hard, and characteristic of the non-pregnant uterus; moreover, the uterus is not connected with the tumor. Ascites offers another troublesome feature to eliminate, but what may be considered characteristic of unconfined fluid in the abdominal cavity is a line of dullness, varying with position. Such does not exist in the patient before us.

Uterine fibroids may reach the size of the tumor before us, but they are a part of the uterus, and, as I have previously remarked, the uterus is not connected with the tumor in this case. An examination of the abdomen shows an irregular, large mass, movable in the abdomen, and in my opinion due to the presence of a multilocular ovarian cyst. I have not introduced an exploring trocar, or needle of hypodermic syringe, for the reason that she has to go home to Newark; and although it would make the diagnosis positive, it would expose the patient to danger. She will, however, enter the Woman's Hospital shortly, and I hope before the end of the session to be able to show her to you in an altered condition. In regard to treatment, it may be summed up in one word—ovariotomy. It was formerly the custom to evacuate the cyst and inject with tincture of iodine, but the few cases in which cure took place would not justify the risk of the operation.

I may say that I find that the great majority of ovarian cysts are found in the poorer class of patients, and not in those who are in position to remunerate the operator. The cause of this is difficult to understand, but possibly it may be accounted for by imperfect nutrition.

Editorial Department.

Periscope.

On Sulphuric Ether.

One of the female graduates at Paris, Mlle. Ocounkoff, has discussed, in her thesis, the physiological function of sulphuric ether, and its employment in subcutaneous injection as an excitant and stimulant. The physiological effects are very carefully investigated in relation to the blood, circulation, and temperature, the secretions of the intestine, stomach, liver, kidneys, bronchi, etc. In certain doses, sulphuric ether has the effect of (1) elevating the temperature, (2) increasing arterial pressure, (3) increasing the secretions, (4) increasing the pulmonary combustion, (5) producing agitation, (6) causing hyperæsthesia of the senses and of the skin, dilating the pupil. Mlle. Ocounkoff recommends the injection of from one to four grammes (the maximum dose), the most convenient place being the middle of the internal

surface of the thigh. These injections are especially recommended in cases of extreme hemorrhage from wounds or injuries, or after surgical operation, and on the field of battle. The practice is not without its successes; it has been adopted in more than one of the hospitals of Paris and of the provinces; and, when it is remembered that transfusions of blood in very small quantity have succeeded, apparently through their stimulant action, as well as injections of warm milk, warm water, etc., there is reason to expect that the surgical practice of the ether injections, which Mlle. Ocounkoff has studied, and of which M. Verneuil thinks highly, may be a useful surgical resource.

Neurin as a Remedy in Diphtheria.

The *Medical Times and Gazette* says:—From experiments on the action of this body on albuminous substances, and from experience of its antiseptic action, Professor E. Ludwig, of Vienna, was led last year to recommend a trial of it as a local application in diphtheria. His advice has been followed at the Count Prince Rudolf Children's Hospital, and according to the reports of the physicians, Drs. Hanke, von Becker, Brezma and Winiwater, neurin, when applied to the affected parts every two hours, in a 3 to 6 per cent. aqueous solution, gave "good results, even in the severest cases." The membranous exudation was soon detached, the inflammation limited itself to the most superficial layers of the mucous membrane, and a remarkable improvement in the general appearance of the patient was observed. Similar results were obtained with solutions of tetræmethyl ammonium-hydroxide and tetræthyl ammonium-hydroxide. Neurin, it may be mentioned, is a product of the decomposition of protagon, a phosphorized constituent of the brain, and is known to modern chemists under the prodigious name of *trimethyl oxethyl ammonium hydroxide* $(CH_3)_3N,C_2H_4O,H_2NO$. It can be synthetically prepared by the action of a concentrated solution of trimethylamin on ethylene oxide.

Thermo-Cautery in Lithotomy.

Thermo-cautery seems now to be the order of the day in Paris. At a recent meeting of the Société de Chirurgie, M. Verneuil stated that he had employed it in three cases of lithotomy, with advantage. It is used, however, not for effecting the operation itself, but for the performance of its preparatory stage in order to discover the urethra more easily. Its employment, which is extremely easy, facilitates this very much, while it prevents urinary infiltration. Sometimes, however, a fistule persists for a long time—viz., for seven weeks in one of these cases, and three months in another. M. Anger observed that the track caused by the thermo-cautery is a very clean one, and greatly facilitates the penetration of instruments into the bladder. The incision should be made by rapid strokes, which are to be followed by irrigation with cold water. In his case, although the wound did not cicatrize for thirty days, no urine had escaped after the tenth or twelfth day. The *passage* of urine over the wound, it is true, is not dangerous, but under the ordinary mode of procedure, the different planes of the perineum are retracted irregularly, and *stagnation* of urine taking place, infiltration, or at the least, maceration, of the wound may occur.

The Influence of Iodide and Bromide of Potassium on Digestion in the Stomach.

Dr. Felix Put Jeys, of Liège (*Annales et Bullet. de la Soc. Med. de Gand*), has made experiments on the transformation, under the action of bromohydric and iodohydric acids, of fibrine into peptone, and finds that while, up to a certain limited quantity, the iodohydric acid assists the transformation, thereafter it almost entirely prevents it; while the more bromohydric acid is present, the greater is the quantity of peptone formed. Thus the different influence of the bromide and iodide of potassium is explained. When they meet the acids of the stomach bromohydric and iodohydric acids are formed; the first assists digestion, the latter (if in the least too great in quantity) retards it.

Hence the practical rule to administer the two salts, but certainly the iodide, an hour or so before meals, when the stomach is empty, and its surface covered by a layer of mucous having a neuter reaction. The medicine is not decomposed, and is rapidly absorbed.

The Position (Therapeutical) of Damiana.

Commenced in quackish style, damiana has come to a finis easily foreseen. Dr. L. P. Yandell, Jr., of Louisville, tells what he knows about it in a recent paper. He says, "Damiana is almost certainly an unmitigated fraud. Three distinct vegetable products are sold under the name. While it may have produced some very remarkable results, these have been brought about, in all probability, through the imagination of the patient. Could a medicine be discovered possessing the aphrodisiac power attributed to damiana, half of the arable land of the earth would be devoted to its cultivation, and the supply would then not equal the demand."

Good-bye, damiana, and the bright hopes you fostered.

Granular Ulceration of the Cervix Uteri.

In a report of the Rotunda Hospital, Dublin, we notice that several cases of the severe form of this affection were admitted; most of these had previously been treated in the Extern department without benefit, and in each of these, milder measures having failed, potassa fussa was freely applied, in all with benefit. The experience there, in the treatment of this affection is, that nitrate of silver, and even the

fuming nitric acid, is insufficient for the cure of the severe forms of it, and that where the cervix uteri is soft and spongy, and bleeds on being touched, it is necessary to destroy the whole vaginal aspect of the cervix to a considerable depth. The custom is to leave in the vagina, after the application of the caustic, a pledget of cotton saturated in glycerine, which tends to lessen any pain or uneasiness which may follow the application. As a rule the slough separates in four or five days, leaving a healthy surface, which heals up in a short time. Their experience of this method of treating the affection under consideration is very favorable.

Dental Caries and its Prevention.

In a recent paper, Mr. A. Stewart, of Edinburgh, maintains the view now generally advocated by dental authors, that dental caries is due to chemical action—the destruction of the calcareous enamel by acidity. The chief sources of acidity in the mouth were enumerated, and their action on the teeth illustrated by cases from practice. Food remaining on and between the teeth was stated to be by far the most common source of acidity, and the one to which must be ascribed the general prevalence of dental caries, acid being formed wherever there is a lodgment of food, long before morning, when only it is the custom to clean the teeth. Assuming acidity to be the only proximate cause of dental caries, and its neutralization the only preventive, the profession were urged to inculcate the habit of cleaning the teeth at night, and rinsing the mouth afterward with a solution of carbonate of soda in water, made agreeable by the addition of camphor, recommended because so inexpensive that it may be regularly used by all classes. The author expressed his firm conviction that, were these simple means in general use, dental caries would be as rare as it is now common.

Frequency of Bad Teeth.

The editor of the *Medical Press and Circular* comments on the fact that the improvement in the general health of the public, and the degeneration of their teeth, seem to have advanced in an inverse ratio. The most eminent authorities in hygiene and sanitary statistics agree that a very great improvement has, within the last fifty years, taken place in the sanitary condition of the people. The general mortality or death-rate has diminished to a considerable extent; disease is neither so prevalent nor so fatal as it was formerly; the average duration of human life has been remarkably increased We live more by rule, drink purer water, breathe purer air, and are less exposed to the ravages of epidemic disease than our ancestors were; and yet, *pari passu*, with all this improvement in the health and average longevity of the public, we find that the degeneration of their teeth has been steadily increasing, and to such an extent as to suggest the propriety of making a systematic investigation into the causes which have led to it.

The Poisonous Character of Copper Salts.

In reference to the recent attempt to show that copper is not so poisonous, M. Decaisne has submitted to the Academie de Médécine the following reflections:—

1. That the annals of science, in France and abroad, are full of facts demonstrating poisoning, either acute or chronic, by the salts of copper.
2. That a large number of industries use these salts openly, or for the adulteration of foods and drinks.
3. That improper care of the vessels and utensils employed for industrial and domestic purposes frequently determines the formation of dangerous salts of copper in greater or less quantities.
4. That the statistics of criminal poisoning in France, from 1857 to 1863, show 110 attempts upon human life by the sulphate and acetate of copper, and assign to these two substances the third rank among poisons used for criminal purposes.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Treatment of Diphtheria, by E. N. Chapman, A. M., M. D. A reprint from Buffalo *Medical and Surgical Journal*, October, 1877. Alcohol is claimed to be the treatment of diphtheria, and various cases and figures are portrayed to illustrate and substantiate the virtues of alcohol. His personal success with this disease is claimed to be almost wholly due to the systematic use of whisky or brandy in definite doses, and at fixed intervals. The author also states that several of his medical friends, who have been induced to make trial of the alcoholic treatment, assure him that it gives far better results than any other they had previously employed.

——The *Hospital Gazette and Archives of Clinical Surgery*, edited by Dr. E. J. Bermingham, New York, retains the many excellent features of the two journals of which it is a consolidation. It appears every two weeks. Price, $1.50 per year. We have no doubt it will prove a valuable addition to the reading matter of the profession.

——Marshall Infirmary. Medical report for the twenty-second year, ending August 2d, 1876. Troy, New York.

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THE VACCINATION QUESTION.

The increased severity of small-pox the past winter, in London, Liverpool, and in various circumscribed localities in this country, has naturally led to a re-examination of the great means we have of preventing it, through vaccination. That this grand discovery has fallen far short in the benefits which its discoverer predicted it would confer on the race, is very obvious. He did not calculate upon the indifference, neglect, and actual opposition to it, which have since militated against its general adoption.

Societies have been formed, and are now in active operation, in Canada, England, and elsewhere, whose avowed object it is to prevent the further adoption of vaccination. Physicians of acknowledged position have written books against it; and we believe a periodical is now regularly issued, devoted to opposing its extension.

Certainly there is no selfish interest in this opposition to what most of us claim to be one of the most beneficent discoveries in history; there is no visible axe which any one wishes to grind. There must, therefore, be some serious ground of objection to vaccination, which, though exaggerated and magnified, has real existence.

The objections stated are various. The protection is not as real as claimed; pyæmia and syphilis are occasionally introduced with the lymph; erysipelas is not an infrequent sequela of the operation; vaccinated persons are more liable to the development of scrofula and consumption than others; certain skin and lymphatic affections seem more common in those who are vaccinated; these are some of the most serious objections to the operation we have seen stated.

Any one acquainted with the difficult science of statistics will see that it is no easy matter either to prove or to refute such statements. So many other factors enter into the production of such diseases, that to assign the exact

influence which vaccination exerts (if it does any) upon them is next to impossible. Even the question of the efficacy of the operation is not so readily vindicated as one might wish. To be sure, there are long columns of statistics which might easily be adduced; but, reply the anti-vaccinationists, can we not bring almost equally positive figures to show that minute doses of belladonna will prevent scarlet fever? And who believes that notion now? Are there not the same tremendous epidemics of small pox about every twelve years, that there always have been? And does not Decandolle's law of the decrease of epidemics through the extinction of constitutions prone to their poisons explain sufficiently the diminished general violence of the disease as compared with it a century ago?

Such arguments are to be met, not by counter hypotheses, but by using every exertion to have vaccination universal, regularly repeated, and free from danger. The sanitary laws of a State should make it compulsory on all school children, all civil service employees, and on all corporations, to vaccinate, and revaccinate at fixed periods.

Careful studies should be instituted as to the relative efficiency of virus, especially, whether regenerated cow-pox lymph, humanized cow-pox lymph, or humanized vaccine lymph, has the greatest protective power. This question is largely a new one, and any person who pronounces upon it dogmatically at the present time is worthy of no great amount of confidence. That it is attracting more and more attention is evident from various papers published within the last year.

Two especially, taking opposite sides, merit perusal. One is by Dr. William B. Davis, of Cincinnati, and is found in the *Transactions* of the Ohio State Medical Society for 1876. He proffers no original observations, but quotes seven letters from European medical men, generally against the superior efficiency of cow-pox lymph. Dr. Davis, however, acknowledges at the outset that he is prejudiced in favor of the Jennerian practice (humanized lymph), and thinks that the medical journals have "unsettled the profession" on the subject. Hence his letters seem to have been addressed only to those who were already well known for their adherence to the side he favored (Guerin and Seaton, for example), and not at all to those likely to disagree with him. He did *not* address the vaccinal institutes at Brussels, St. Petersburg and elsewhere, from which large and carefully conducted establishments he would have received replies probably not so consonant to his own views.

The other article is in the *Transactions* of the Wisconsin State Medical Society for last year, and is by Dr. E. H. G. Meachem, of Milwaukee. Its title is, "The Use of Fresh Typical Bovine Lymph in Vaccination Essential to Success." He is equally positive on the other side, writing as follows:—

"I reiterate that, in my humble judgment, the only safe and reliable mode of vaccination is in the exclusive use of fresh, typical, bovine lymph. I do, most emphatically, dissent from the views expressed by my learned friend, Dr. Griffin, in the *Northwestern Medical and Surgical Journal.* I cannot endorse the doctrine, however much it may militate against long-established authority, "that general vaccination with fresh typical bovine lymph is impracticable:" neither do I subscribe to the doctrine "that carefully selected removes, up to as high as the tenth or twelfth remove from the heifer, give equal protection." It is well understood that the two natures are essentially different in many important respects, and that, in its transit through the cow, certain radical changes are produced, which seem to endow it with far greater infective as well as prophylactic activity, whether the result of physiological or pathological changes, or both combined, no power of the microscope or chemistry have been sufficient to determine. It is a fundamental difference which science thus far has been unable to solve. That bovine lymph evinces a degree of infective energy not possessed by humanized lymph, I care not how recent the remove, is too patent to be controverted. Its specific action is more marked and

certain. It is far more reliable, and develops in persons where humanized lymph has utterly and positively failed, though of recent remove. The vesicles produced by it run a full course, compared with which the progress of vaccine vesicles from humanized lymph seem unduly rapid and premature. It renders more definite and characteristic the febrile disturbance so essential to the proper development of cow-pox in the human system. This specific febrile condition is (so expresses a learned author), without doubt, absolutely requisite to the due protection of the system, and for the perfect development and local multiplication of laudable and efficient lymph. 'The more distinctly and typically this specific febrile action is expressed, which succeeds vaccination, the more securely is the person protected.'"

Notes and Comments.

On Epidemic Cycles.

At the last meeting of the British Medical Association, Dr. Arthur Ransome exhibited several charts, which graphically represented the very remarkable regularity with which epidemics of small-pox, measles, and scarlatina have occurred in the sparsely populated country of Sweden and the densely populated country of England. The period of recurrence of measles appears to have been five or six years. A small wave of scarlatina has appeared about every five years, and a great wave every fifteen or twenty years. In small-pox, the cyclical period was six or seven years, up to the time that vaccination was made compulsory, and then the waves were interfered with and checked to an extent which can leave no doubt about the efficacy of vaccination. Charts were also shown of the appearance of sun-spots, but there did not seem to be any relation between them and the epidemic cycles.

On Empyema.

In the last volume of Guy's *Hospital Reports*, Dr. Goodhart discusses the question of operative procedure for empyema. Although recognizing that there are a few cases which may be safely let alone, he gives in his adhesion to operation by a single free opening, with antiseptic measures, and with a large drainage-tube, as being the most effectual means of cure. He insists upon the necessity of making the opening as low as possible, fixing the point at the ninth intercostal space, opposite to the angle of the rib, the seventh space in the axilla, or the eighth between the axilla and the rib-angle. Further back there is risk of wounding the lung compressed against the spine, and below these points the peritoneal cavity may be entered. A large number of cases are given, with full details.

Pain and Disease.

The influence of pain as a factor in originating or in aggravating organic disease, is a contingency which is too often lost sight of. But how far pain may actually generate disease, it is difficult to say. That however severe and continuous, pain will react, as it were, upon the nutrition of the tissues supplied by the affected nerve, and originate or aggravate organic affections, is so probable, that the alleviation or removal of this symptom, independently of the causes which may have originated it, should be always an important indication in the treatment of disease. A full anodyne will often cut short an attack of acute disease by preventing irritation from pain.

Solidification of Carbon Bisulphide.

M. Mercier finds that if bisulphide of carbon be added to a mixture of a drying oil and protochloride of sulphur at the moment of mixing, it is entangled in the jelly formed by the oil and protochloride. With boiled linseed oil and ten per cent. of the protochloride a transparent elastic mixture can be obtained containing 70 per cent. of bisulphide of carbon. The substance ignites only with difficulty, and loses the contained bisulphide but slowly.

Statistics of Puerperal Mortality.

In London, during 1876, the deaths of mothers in childbirth (including those referred to puerperal fever) were equal to 4.8 per 1000 children born alive, and almost identical with the rate in 1875. In New York 343 deaths were referred to puerperal diseases during the year 1876, but the system of classification there adopted does not appear to afford the means for distinguishing those due to puerperal fever from those due to the accidents of childbirth. The number of births reported in New York was 23,744, which would make the deaths from puerperal diseases equal to 14.4 per 1000. The

report of births in New York is admittedly imperfect, and, therefore, the puerperal mortality is undoubtedly thus overstated. Assuming, however, that the birth rate in New York is as high as it is in London, which is improbable, 38,745 births would have occurred in New York during 1876, and the deaths of mothers equal to 8.85 per 1000 children born alive. Even this rate is nearly double the rate which prevailed in London.

The Balantidium Coli.

This parasite is found in Scandinavia and elsewhere. According to Dr. Waldenström, the most suitable remedy to introduce into the intestinal canal is a large lavement, containing about thirteen fluid drachms of acetic and eighty grains of tannic acid, in about three quarts of water, at a temperature of 98.6° Fahr. By this means the balantidia were eradicated in one case. As regards the causal relation between the parasite and the diarrhœa often present, the opinion is expressed that the balantidia have no essential bearing on the occurrence or continuance of the diarrhœa, but that they should be looked on as a mere casual complication in other intestinal affections.

Use of Nitrate of Silver in Ulceration of the Uterus.

If the ulceration is extensive, do not apply the caustic to the entire surface of the ulcer, but to about a third or half of it at a time. In ulceration of a flabby uterus, nitrate of silver will sometimes cause bleeding; and ulcers on such a womb are much harder to cure than when the womb is solid to the touch. Bleeding is not so apt to follow the use of acid nitrate of mercury. If this is used in place of the silver it must not be applied so often. Once in two weeks is often enough, as a rule, while the nitrate of silver may be applied weekly.

Corrosive Sublimate as a Vesicant.

Dr. Thoulouse recommends as a vesicant a disc of fine cloth soaked in oil, with one side covered with corrosive sublimate in impalpable powder.

The editorial in this Journal for September 15th contained certain statements touching the professional action of a teacher in one of the medical schools of this city. At the time we considered ourselves entirely justified in making these statements. From explanations made, we are now convinced they are not correct, and should not have been advanced, he having acted in good faith, from knowledge unknown to us and the profession at the time. We take this opportunity to withdraw those statements, and to express our regret at their appearance; at the same time offering, in vindication of our motives, which have been impugned, to submit to any one interested the evidence on which we made the statements referred to.

Correspondence.

Foreign Bodies in the Stomach.

Ed. Med. and Surg. Reporter:—

Your notice in the number of your Journal for October 13th, of foreign bodies in the stomach, leads me to send you an account of an incident in the life of Jean Foy Vaillant, an M.D., and an enthusiastic numismatist, a sketch of whom appears in the Oct. No. of the American Journal of Numismatics, as translated from the Latin (published 1706) by Dr. Robert Morris, of La Grange, Kentucky.

Jean Foy Vaillant was born at Beauvais, May 24th 1632. He first studied law, then medicine, receiving his degree in 1656. He became very much interested in numismatics, and, Oct. 1674, went from Paris to Marseilles, and embarked at the latter place for Rome, was captured the second day by Algerine pirates, and only released after four and a half months of captivity, when they restored to him twenty gold pieces, and he embarked for Marseilles.

He pursued his route safely until one day the captain saw rapidly approaching them a piratical vessel of Sale. All hope of escape appeared to be vain; the pursuer was no further distant than the cast of a bolt from a cross-bow. Vaillant, looking out for himself, and mindful of his former captivity, valorously swallowed the twenty gold coins restored to him at Algiers! just then a high wind springing up, its impetus carried them near the shores of Catalogne, where they were almost wrecked. Soon after the vessel was driven upon the sandy shallows at the mouth of the Rhone, where, the cable having parted, and the anchor being lost, Vaillant entered a skiff, and, with four companions, landed upon the nearest shore.

In the meantime, the weight of the coins he had swallowed, being five or six ounces, gave him serious inconvenience. He called two physicians into consultation, who, embarrassed at the new case, differed among themselves in suggesting remedies; this determined Vaillant to do nothing, and nature, a little later, performed the task, relieving him of more than half of the coins before he entered Lyons. He narrated the case to a friend and fellow student there, showed the coins regained, and described

those yet to come. Among them there was a gold otho. His friend, desirous of acquiring it, asked the price. The singularity of the bargain made Vaillant moderate; the contract was assented to, and most happily on the same day the whole was honorably completed.

Vaillant apparently never practiced medicine, but devoted himself to travel, collecting and studying coins, publishing several valuable historical works in connection with this subject. He died Oct. 23d, 1706. Yours truly

Washington D.C. WM. LEE.

A Case of Anophthalmus.

ED. MED. AND SURG. REPORTER:—

I think the following case sufficiently rare to bear reporting:—

Mrs. C., aged twenty-six years. Gave birth to her fourth child in July last. Of the three previous children, two are now living and healthy; one was lost by craniotomy, performed to effect delivery. Both parents are entirely healthy, so far as known. The present infant came to full term, and is well developed in every respect, excepting entire absence of both eyeballs. The orbital cavities are empty, as if the eyes had been enucleated. The supra- and infra-orbital ridges approximate nearer than normal, lessening the anterior opening of the orbits. All the appendages of the eyes are in a normal condition, excepting obliteration of the outer third of each palpebral fissure. The conjunctivæ are healthy, though there was a slight catarrhal condition at birth, which soon passed away. Whether this anomaly is the result of arrest of development or of intra-uterine panophthalmitis, remains to be seen. Panophthalmitis rarely causes such complete destruction of the eyeballs as to leave no vestige of them, and the effect is rarely symmetrical in the two eyes. Considering the healthy condition of the conjunctivæ at birth, the partial anchyloblepharon (which is usually congenital and a malformation, not the result of disease), the narrowing of the anterior opening of the orbits, the entire absence of both eyeballs, and the exact symmetry of all these conditions in the two eyes; the evidence is on the side of some interference with the development of the ocular bulbs, and the narrowing of the orbits as a consequence always following absence of the eyeballs in fœtal or infantile life.

I am indebted to Dr. J. A. Dibrell, of this city, for the privilege of examining this case, and for the family history.

T. E. MURRELL, M.D.

Little Rock, Ark., Oct. 12th, 1877.

Artificial Eyes.

It is said that between 8000 and 10,000 artificial human eyes are sold each year in the United States. Christian Hohn, of New York, makes glass eyes for horses that will defy detection by almost any one.

NEWS AND MISCELLANY.

The U. S. Marine Hospital Service.

During the fiscal year just closed, the hospital dues from seamen covered into the Treasury amounted to $372,465.70, and the expenditures were $368,395.28, leaving an excess of receipts over expenditures of $4070.42. The number of sick and disabled seamen furnished relief was 15,122, and the average cost per patient $24.05, the lowest ever reached, having been reduced to these figures from $38.41 in the fiscal year 1870.

Woman's Medical College.

A Medical college for women has been established in Henrietta street, London. Dr. Cockle, of the Gray's Inn Road Hospital, and Mrs. Garrett Anderson, a female physician, pronounced the opening addresses. Dr. Cockle said he could not judge to what extent women would be able to endure the fatigue of medical practice, but believed that they certainly had the necessary intellectual qualifications for it.

The Eucalyptus.

The *Chemist and Druggist* says that Garibaldi acted wisely when he advocated the introduction of the eucalyptus to combat the malaria of the Campagna; every fresh piece of evidence relating to this tree confirms those expectations which have been formed respecting its beneficial influence. Very valuable information is contained in a report from Algiers, forwarded by Consul-General Playfair. The Consul gives a remarkable instance of the action of the eucalyptus in removing miasmatic influence, and thus improving the sanitary condition of an unhealthy district.

Dentistry in London.

Of the dentists practicing in London, the majority have no diploma or official qualification. Many are Members or Fellows of the Royal College of Surgeons, and a minority are Licentiates in Dental Surgery. The studies required for M.R.C.S. and F.R.C.S. are medical, and are not confined to dentists. We believe that the Royal College of Surgeons is the only body which grants diplomas for dental surgery only, but instruction in matters relating to the teeth is afforded at almost all the London medical schools.

—The German government have sent a professor of the University of Breslau to England, to study the plans made to preserve the health of persons engaged in certain trades and manufactories. The professor has visited several towns in England. Necrosis of phosphorus-workers, cancer of chimney-sweepers, and daltonism of railroad employees, are receiving chief attention.

Items.

—The October number of *The Sanitarian* contains a good likeness of Rudolf L. C. Virchow.

—The British Parliament appropriates $10,000 a year to scientific investigations into the causes and processes of disease.

—The Third Annual Meeting of the Indiana, Illinois and Kentucky Tri-State Medical Society was held in the city of Evansville, Ind., October 16th, 17th, 18th, 1877.

—Mr. L. A. Sayre's excellent charts for the study of materia medica come in timely at this season of the year. A number have been left with us. Price 50 cents.

—A Baltimore drug clerk put up wine of opium for the vinum oporti called for by a druggist's prescription, and a child was nearly dosed to death in consequence.

—An exchange chronicles the death of a boy from chewing tobacco. He complained of severe headache, and suffered with dysentery and great weakness. He became gradually unconscious and partially paralyzed, and died on the following day.

—On October 17th. was formally opened, at Hartford, Conn., "Walnut Hill," an Asylum and Home for the treatment and reformation of those suffering from the use of alcohol, opium, and other narcotics. Dr. T. D. Crothers is the Superintendent and physician.

—The presence of a large number of vinegar eels is one of the best tests of good vinegar, discovered readily under the microscope, and often seen by the naked eye. They bear some resemblance to trichinæ. The eel, however, has a sharp-pointed tail, while the trichina is rounded at both ends.

—The new Board of Health of St. Louis is composed of the Mayor, the President of the Municipal Council, Hon. Chas. W. Francis, Health Commissioner, Hon. John G. Priest, Police Commissioner, and Drs. Spiegelhalter and Marthens. Most of the members have already had considerable experience in sanitary matters, and the city will probably have no cause for complaint in relation to the mode in which the work of this important department is conducted.

Personal.

—The address of Dr. G. B. H. Swayze is 1828 Columbia Avenue, Philadelphia, where correspondents will please address him.

—Dr. C. S. Turnbull has been elected one of the physicians to the German Hospital of Philadelphia.

—Dr. Jos. D. Bryant has been appointed Lecturer on General, Descriptive and Surgical Anatomy, at Bellevue Medical College, in place of the late Prof. A. B. Crosby.

Popular Medicine.

The *mentha pulegium*, or pennyroyal, is called in the Devonshire dialect "organs" or "argans." The origin of the word we do not know. In a poem in the Devonshire dialect, published in 1867, these lines occur as a prescription for a cold:—

"Jist put her tooties in hot watter,
An gier a few strang argans arter,
Or else some featherfowl."

That is, "Put her toes in hot water, and give her a little strong pennyroyal tea after, or else some feverfew."

QUERIES AND REPLIES.

Unilateral Dropsy.

Dr. S E. Wells, of Maryland, describes a singular case of unilateral dropsy, or œdema, following confinement, and changing from side to side of the body. He inquires for similar cases. At present, we can recall none.

Typhoid Fever.

Dr. F. S., of Wisconsin, writes: Are there any cases of typhoid fever, running the usual course, without intestinal lesions? If so, what are the characteristics thereof? Can the inflammation of Peyer's patches be abridged, and the ulceration prevented? If so, is it possible for the fever to continue, nevertheless? Can typhoid fever be classed with septicæmia?

W. W. V., of Missouri, asks for the best remedies in cardialgia in pregnancy.

MARRIED.

ALLIS—THOMPSON.—On the 24th of October, at the Second Presbyterian Church, by the Rev. E. R. Beadle, D.D., and the Rev. J. H. M. Knox, D.D., Dr. Oscar H. Allis and Julia, youngest daughter of the late Judge Oswald Thompson.

BOLLES—POTTS.—At the residence of the bride's father, Nelson Potts, Esq., by Rev. J. A. D. Hughes, Dr. C. C. Bolles and Lucy A. Potts, of this city.

DUNSMORE—COLTON.—In Waterbury, Vermont, September 10th, by Rev. H. Bushnell, Geo. Dunsmore, M.D., of St. Albans, and Abbie J. Colton, of Georgia.

SCHREIBER—MOREY.—At West Brooklyn, Ill., by the Rev. C. H. Hoffman, Dr. Gustavus F. Schreiber and Lettie Morey, all of West Brooklyn, Ills.

TALBOT—THOMAS.—On Tuesday, September 25th, 1877, at St. Paul's Church, Wickford, Rhode Island, by Rev. W. W. Ayers, assisted by Rev. G. I. Magill, Mary Charlotte, daughter of Allen M. Thomas, of Wickford, and Dr. Robert Bancker Talbot, of this city.

TURNBULL—CLAXTON.—On Thursday, October 18th, at the Church of the Atonement, by the Rev. Benjamin Watson, D.D., Charles S. Turnbull, M.D., and Lizzie L., daughter of Edmund Claxton, Esq.

DEATHS.

BROWN.—In West Charleston, Vt., September 4th, A. P. Brown, M.D., aged forty-three years.

SMITH.—At Sharon, Connecticut, on Monday, September 10th, Robert W. Smith, M.D., in the sixty-seventh year of his age.

THEOBOLD.—Dr. E. W. Theobold, a grandson of the late Professor N. R. Smith, died on the 3d of September, at Baltimore.

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Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

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4th, It meets indications not met by that Salt.

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Professor of Chemistry and Mineralogy."

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"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

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DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
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DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
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GEORGE C. PITZER, M.D."

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"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
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Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

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THE READING AND RECITATION TERM will commence October 4th, 1876, and close at the commencement of the Regular Term.
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Communications.

ARTIFICIAL PERFORATION OF THE MEMBRANA TYMPANI.

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The subject of the safe removal of foreign substances or fluids from within the cavity of the tympanum or middle ear, in cases of deafness, is one which has always attracted the attention and exercised the ingenuity of many careful observers.

These intra-tympanal substances may be, for convenience, divided, according to their nature, into three classes or groups, viz—

First. Serum, mucus, muco-pus, pus, and blood.

Second. Fibrin (semi organized), polypoid granulations and growths, and phosphatic deposits.

Third. Connective tissue, and fibrin (organized).

It is almost unnecessary to dwell upon or to state the amount of danger that the above conditions may cause, but, as we pass from the first to the third, we observe that the ratio of risk to the organ of hearing proportionately increases.

The question as to the source of these products then arises. Why are such substances found in the tympanum? Simply as the retained products of inflammation. Retained, because of their being rapidly poured out while the surrounding parts are swollen, or the Eustachian tube may be occluded, either permanently, as in stricture, or temporarily, from congestion or œdema of its mucous investment.

If we consider, for a moment, the small size and peculiar construction of the middle ear, as well as its highly important function, we can measurably estimate the injurious influences of even a stasis of the natural secretion of the parts.

In acute "otitis media," we have, as is well-known, the pouring out of the fluid portion of the blood. It is not necessarily accompanied by aching pain, but always associated with unusual sensation and swelling.

If it should be, as is frequently the case, catarrhal, then we have what aurists generally call "otitis media plastica," or "exudativa." In the course of a few hours the intra-tympanal, as well as the tubal mucous membrane becomes swollen, the blood vessels pour out serum, which, with the extra amount of the natural secretions of the parts, completely fills up the middle ear, and sudden deafness is the result. While the patient feels a fullness in the ear or ears, unconsciously he attempts inflation by the Valsalvian method, or accidentally he forces some air into the tympanic cavity, and the fluid or semi-fluid substance therein contained becomes filled with air-bubbles, whose successive escape subsequently causes a continuous crackling sound, which is very distressing to the patient. Pain, as has been already indicated, is not always present, and was wanting in at least one-half the number of cases coming under my observation.

Such acute cases call for immediate treatment, by operative interference, and, moreover,

are also among the most successful, and yield the most brilliant results. The cure follows quickly, on the favorable prognosis, and redounds greatly to the skill of the aurist.

If the inflammation is of a higher grade, and the secretion assumes a purulent character, "otitis media suppurativa," mere local applications are of little avail; it becomes our duty, when the tympanum is full of pus, to provide it a means of escape. Such cases are accompanied by more swelling than those just considered, and are always accompanied by pain. If not evacuated by the surgeon, the pus may find its way through the membrana tympani, by ulcerative process.

Time is an important element, as regards the prognosis and result of such cases. Should the exudation become partly or wholly organized, there is but little hope of success from any line of treatment.

Should a small cavity like the tympanum be filled with a jelly-like mass, it can be readily imagined that the functions of the parts will be seriously interfered with, and it will become self-evident that it is of primary importance in the treatment to remove the foreign substance.

Where possible, the air-douche of Politzer may be used to dissipate fluid collections within the tympanum, the force of the sudden rush of the incoming air acting mechanically in displacing the morbid material. The Eustachian catheter may also be employed, but I have found it, in such cases, of comparatively little service, as sufficient force cannot be given to the stream of air injected, while in about two-thirds of the whole number of cases treated by the first method I have found that a few (two or three) blasts of air, from a good Politzer's bag, were sufficient at each daily sitting.

When, however, from the density, or inspissated character of the contained fluid, we find that Politzer's douche is ineffectual, we must resort to the operation of incision of the membrana tympani, and the subsequent use of the inter-tympanic catheter, by which means I have been successful in several most important cases.

At this place I will report the clinical notes of three of the most interesting and instructive cases, each treated by a somewhat different method. They were not operated upon by the myringotome, however, but with a long-handled, delicate knife, designed to make a round opening; by this expedient we are also enabled to enlarge the incision in the membrane. This cannot be done so well by the ordinary cataract needle, especially in cases of plastic inflammation with tenacious exudation, as in "otitis media hypertrophica,"* but the needle may be conveniently used where the secretion is liquid.

The three cases which are reported will illustrate three classes, and are given in detail, not for the specialist, but for the benefit of the intelligent and well educated general practitioner, to prove that this is a legitimate and justifiable operation, which should not be neglected when the proper cases present themselves. In the second case the fact is shown that by long and careful treatment good, and even successful results may follow without using the knife or needle. It must, however, be born in mind that if the proper cases are not selected, any operation will only increase the patient's risk, without any commensurate benefit. In certain other cases, by an operative procedure the patient will have "acute otitis media" set up, which may extend to the brain and cause death. Two cases were communicated to me recently by a distinguished young surgeon. The first was a young lady with catarrhal deafness, who, by the use of "Politzer's" air douche and local treatment, had her hearing increased from four inches to twenty; to hasten this improvement a perforation was made, which has never healed, and the hearing not only went back to the four inches, but has become worse, in spite of all his care and treatment. The second was a young German, who was going west, and was brought for treatment; so desirous was the surgeon to hasten this case that he punctured his membrana tympani at once, with the hope of a sudden cure, but instead of cure he unfortunately lost the little hearing remaining in that ear, and had to go west, after ten days' treatment, with the wound open, and liable to take cold in it, from exposure in traveling.

Case 1.—Plastic Inflammation of the Mucous Membrane of the Middle Ear, Involving Eustachian Tubes. Removal of a Small Portion of Material by Incision of the Membrane, with Decided and Continued Improvement.

M. D., aged 22, a professional male cook in a

* For full details concerning the symptoms and general treatment of this form of ear disease, please see "Clinical Manual of Diseases of the Ear." Philada., J. B. Lippincott & Co. pp. 176-183.

large hotel, where he was exposed at all times to a heated and moist atmosphere. In March, 1875, soon after having his hair cut short, he was suddenly seized with deafness and with a filling up of his right ear and nose, as he expressed it, which gradually increased. He did not at that time apply for treatment, but in July, 1876, the humming sound became so intense that he could not sleep, and he had to give up his occupation He was so deaf that he was unable to hear, except when spoken to in the loudest tones. He then visited the University of Pennsylvania, and was informed that he had catarrhal deafness; but finding no relief, he soon discontinued his attendance. The man employed some domestic and also quack remedies, with but little or no relief. He then applied at the Howard Hospital, March 7th, 1877, when the physician employed Politzer's air douche, and also some local remedies to his throat, etc. This treatment was continued for some time, but not much benefit resulted. From his statement, and the annoying subjective symptoms, the white or grayish spotted appearance of the membrane, and the want of the moist sounds of catarrh, I made up my mind that there was some foreign matter there that wanted removal. There was no bulging of the membrana tympani. I therefore, on March 7th, assisted by Dr. Gilmer, penetrated the membrane with a small delicate round-pointed knife, near to the foreign matter, which was in the vicinity of the handle of the malleus, and enlarged the opening downward, so as to give a free exit. There were but a few drops of very tenacious mucus forced out by the Eustachian catheter. I did not use Politzer's air douche, for fear of forcing the secretion from the orifice of the tube into the middle ear and through the perforation; nor did I syringe by filling the meatus with warm water and soap, but employed a weak solution of potash, one grain to an ounce of water, from which I found much benefit. He had considerable pain at the time, which was almost immediately relieved. He began to improve, as he stated, immediately after the operation, getting rid of that suffering and distressed feeling, and experiencing great diminution of the noises. On the 8th and 9th of March he was treated by my son, Dr. C. S. Turnbull, who found him much improved, and reintroduced the catheter, etc. On the 10th he had a return of his distress, accompanied with dizziness, which was soon relieved by the introduction, by means of the catheter, of the vapor of chloroform. March 13th, doing very well; hearing distance, right ear, $\frac{15}{20}\frac{\text{in.}}{\text{in. watch.}}$, left ear, $\frac{6}{20}$; feels so well that he wants to go to work; his hearing, for the human voice, was very much improved, but still had some irritation and swelling of his tonsils and uvula. Compound tincture of iodine and glycerine was applied to the tonsils, and a gargle for his uvula and throat. Schwartze uses alkaline (one grain of potash to an ounce of water) injections, to insure absorption of any remaining mucus, and if the tube is not freely pervious, he uses weak injections of zinci sulph., to render it so.

Case 2.—Case of Mucus in the Middle Ear, with Deafness, Removed in Part by Politzer's Air Douche, and with the Intra-tympanic Catheter.

Elizabeth L., aged twenty-four, a bright, intelligent young lady; a seamstress; residence Chester county, Pa.; single; general health good; both ears affected, but the left ear the most. The presumed cause of the deafness was cold. Has had all the diseases of childhood, but no severe disease of late. Has pain, with dryness and itching in the ears, with noises, of a crackling or snapping character. Her physician had given her medicines to drop into the ear, for the relief of the pain and noises. The meatus was found normal, no excess of cerumen, membrana tympani opaque, like a ground window glass. Left ear more opaque than the right. This opacity changed its position by the movement of her head. Eustachian tubes plugged with mucus and collapsed. This tenacious mucus extended into the middle ear, as determined by the otoscope. Hearing distance, right ear; $\frac{\text{in.}}{25\text{ft. watch}}$. Left ear, $\frac{9\text{ in.}}{25\text{ft.}}$. Has chronic pharyngitis, and back of pharynx the glands were enlarged, and her voice was nasal. There are also small ulcerated spots near the orifice of the Eustachian tubes.

Treatment, November 16th, 1875, to December 6th. Astringent gargle and cleansing douche, using warm water and common salt, followed by glycerine and water. Internal, pills of sulphate of cinchonidia, three grains each, on account of pain in her head, with half drachm doses of bromide of potassium. Also elixir of valerianate of ammonia, for nervous symptoms. Local applications to the throat, excising the glands, painting them with iodine and glycerine, and sulphate of copper.

December 6. The discharge from the ulcer-

ated surface of the throat collected in the Eustachian tubes was more tenacious, and we were less able to use Politzer's air douche, which, nevertheless, increased the hearing to $\frac{36 \text{ in.}}{25 \text{ ft.}}$ in right ear, and left to $\frac{30 \text{ in.}}{25 \text{ ft.}}$. The patient then left for the country, and wrote as follows :—

December 13. "I fear I have taken cold since returning to my home, as my throat is sore, but it does not have any effect on my hearing yet, and I hope it will not, as it still continues to be better; the noises do not change much, though I think they are not quite so persistent, and not so far in the head, but more in the ear, the left ear, especially (persons cannot help admitting that I am benefited by your treatment). There is not any of that confused feeling in my head now that was there when I first came to you."

December 27. "When I wrote you last I was suffering from a cold, which increased, and remains with me yet. If I was only as well as when I left you, I should be thankful. I think my hearing still better than when I came to you. The noises are somewhat louder, but they do not annoy me so much. I am still using the medicines. There is a very unpleasant feeling of dryness in both ears; the ulcers in my throat I have been watching and trying to keep away by using what you gave me (a solution of cupri sulph.). They were in my throat first, where the Eustachian tube connects with the throat, and I could see them, by means of a mirror; allowing the sun to shine in my mouth and holding my tongue down with a spoon, I touched them with a piece of cotton moistened with the preparation you gave me. By this means I keep pretty clear of them."

I received no communication from my patient until February 14th, 1876. "I am still following your directions, having omitted but one day. Shall I continue the use of them until I return to the city? My hearing is about the same as when I wrote you last; the noises are pretty loud in the left ear." I directed her not to return until mild weather. She came on in July. After a week's treatment I noted the Eustachian tube on right side was swollen at its orifice, and was plugged with mucus. Inflation with the catheter and balloon improved the hearing distance on that side to $\frac{3 \text{ ft.}}{25 \text{ ft.}}$. The hearing continued to improve by inflation, with now and then application of electricity to the tubes. Both membrana tympani are sunken, and the tinnitus in right was diminished by drawing, with Siegle's pneumatic otoscope, the membrane outward.

After continuing the treatment for some time, the result did not satisfy me, so I resorted to the intra-tympanic catheter, and with a closely-fitting brass syringe, withdrew a plug of mucus, much to the patient's relief and my own satisfaction. She states that the noises are so much less that they no longer annoy her. The hearing distance is now up to $\frac{5 \text{ ft.}}{25 \text{ ft.}}$ right; left $\frac{5\frac{1}{2} \text{ ft.}}{25 \text{ ft.}}$. There is also more moisture in the ear and it feels more comfortable. Both membrana tympani look better, both in position and color. She was directed to take tonics, good diet, and cod-liver oil, which she states have acted like a charm; was also directed to avoid cold feet or exposure to draughts of air.

Case 3.—Case of Perforation of Membrana Tympani Following an Acute Attack of Otitis Media Catarrhalis, the Perforation Remaining Open Six Months After.

F. M. T., aged twenty-two years, student. Resides in Connecticut; single; both father and mother living, but has lost two brothers with phthisis, and the mother's family more than one member by the same disease. General health good; robust. The patient is well developed, yet subject to cold, followed by a bronchial cough. The ear most affected is the right; presumed cause, influenza. This was followed by intense pain, fever, bulging of the membrane, and blowing noises. Treatment, acute stage; pain relieved by hypodermic of morphine; leeching, hot water application, with Politzer's air douche, to inflate the middle ear, and ultimately puncture the membrana tympani, with discharge of muco-purulent secretion for some weeks; by the use of mild astringents, and cleanliness, the discharge diminished, so as not to be at all offensive, but is sometimes troublesome, and if neglected the hearing becomes diminished on that side. Six months after, membrana tympani opaque, cicatricial tissue, with small, irregular perforation along the handle of the malleus. By force, air passes through the perforation, with a whistling noise. The right Eustachian tube is obstructed, so that the patient cannot inflate it, on account of mucous plugs, etc. Right ear hearing distance, $\frac{5 \text{ in.}}{25 \text{ ft. watch}}$. Left ear, $\frac{\text{in.}}{25 \text{ ft.}}$. By careful treatment, cleansing the ear with a solution of bicarbonate of soda in warm water, and inflating the ear by means

of Politzer's air douche, the hearing was increased to double the distance; also, by the use of an artificial membrane and a solution of zinci sulphas, the ear has assumed a much improved character, but, owing to the tuberculous tendency of the patient, it is difficult to heal the perforation.

It should be remembered that a thickened condition of the membrana tympani, which prevents its vibration to sound, may also involve the whole mucous membrane of the middle ear, or may extend still deeper, and include the membranes of the fenestræ.

Perfect closure of the Eustachian tubes would be a true indication for this operation, but, unfortunately, this condition is very rare. I have met with only a few such cases in many years of practice, these being generally produced by syphilis or small-pox.*

One of the most difficult conditions, after an operation, is to keep the opening patulous, if the opening be in a healthy membrana tympani.

In the last edition of the work of Von Trölsch,† he gives the report of the following modification of the operation.

"In one case I have tried the following method, with a view of securing a permanent opening in the drumhead: I cut out a triangular flap with my paracentesis needle, the base of the flap being above. This flap I folded back, and pressed it against the drumhead, which I had scarified. The flap united to the membrane in healing. The opening had not decreased at the end of two weeks, when I lost sight of the patient. I think this method worthy of a fair trial. Repeated puncturing of the flap, and of that part of the membrana tympani to which it is fastened, would, perhaps, ensure the result aimed at."

The pain of the operation of perforation is, for the time, sharp, but is usually of very short duration. In a few cases the operation has been followed by severe inflammatory symptoms. It must not be hastily concluded that the patient is permanently relieved after the operation. As relapses are apt to occur, the patient should be kept under observation for some time; many clinical histories are incomplete on this account.

* A case of this kind is reported in the author's work, pp. 224, 337. Philada., 1875. There is also one, by Lindenbaum, in *Archiv für Ohrenheilkunde*, pp. 295, *et seq.*

† Von Trölsch, "Lehrbuch der Ohrenheilkunde." Leipzig, 1877. pp. 413.

Conclusions.—Since publishing my views, on p. 242, in my manual, in which I state that the author has resorted to the operation, of puncturing, incising, or making a flap in the membrana tympani, in chronic cases of catarrh of the tympanum, I find so far my success has not been what I could have wished." By a happy combination of operative procedure with the use of Politzer's air douche, solutions of various strengths of caustic potash, to soften the secretion, the careful use of the intra-tympanic catheter, and above all in importance, the proper selection of cases, and the use of the spray of carbolic acid, to prevent suppuration and entrance of septic matter into the middle ear, my success has been much more satisfactory.

A SUCCESSFUL CASE OF OVARIOTOMY.

BY JAMES GUILD, JR., M D.,
Of Tuscaloosa, Ala.

The following condensed report is given simply as a statistical contribution, with the hope that a brief comment will not be considered presumptuous or out of place:—

Early in the month of April I was called to see, for the first time, Miss I. M. Massey, aged twenty-one, weighing, in health, 150 pounds, of sanguine temperament, and found her in an almost helpless condition, from ascites. The symptoms were of such an urgent character that paracentesis was immediately practiced, and fully four gallons of healthy-looking serum extracted. A large solid tumor, quite movable, was now easily felt through the attenuated walls of the abdomen. After instituting a careful examination, it was diagnosed ovarian. Advising extirpation as the only hope, she, one month after, on the 8th of May, submitted to that operation. After making the usual preliminary arrangements, an incision of five or six inches along the median line was made, commencing just under the navel. On introducing the hand and exploring the surroundings minutely, an attempt to extrude the tumor was ineffectual, it being too bulky and friable. The incision was now freely extended above, some five or six inches, and this afforded an outlet just sufficient for its extraction. The pedicle, very thick, and not over two inches long, was pierced by a double ligature, both halves tied and severed half an inch above. A very large vascular attachment, with the intestine above, was also ligatured and cut in like manner.

After thorough sponging, the upper three-fourths of the wound was closed by interrupted sutures of common thread, without including the parietal perineum; the stump was drawn toward the incision and traction maintained by a figure of eight attachment.

The following points of interest are deemed worthy of note, viz.: the ascites and solidity of the tumor existing in an exaggerated degree, with commencing constitutional depreciation, usually thought to contra-indicate the use of the knife, were prominently presented. But the liver, heart, kidneys, and even the uterus itself, being in a healthy condition, the excessive serous effusion was solely the effect of exosmotic action, occasioned by the great afflux of blood requisite to sustain such an immense growth. The tumor, of one year's growth, weighed ten pounds; it was of the adenomatous character, entirely solid, and appeared to the naked eye to have assumed a cancerous degeneration, the upper half resembling very much carcinoma medullare, evidently being merely a primary malignant development. There is such great fatality consequent upon this operation, that even the experienced ovariotomist approaches it with timidity, and according to statistics, by far the largest per cent. of deaths arise from peritonitis and septicæmia, hence the great desideratum is to obviate this, supposed to be, unavoidable difficulty.

Having for some time observed the frightful mortality among swine, after spaying in the side, which necessitates the retention of the debris of disintegrated material, I was confidently impressed with the belief that drainage by gravitation would turn the scale in favor of some radical change in the after treatment of the female. Also, observing the favorable statistical reports of Dr. J. Clay, by his long incision allowing the double ligature to pass out of its lower angle, thereby furnishing a free vent to the fluids; Baker Brown, by amputating with the actual cautery, leaving a clean stump, with little or no sloughing; Kœberlé, by making an opening in the recto-vaginal space, and establishing a drainage; Peaslee, by his disinfectant washes and the siphon; and noticing that the momentous question, how to insure drainage at all hazards, seemed to have taxed the ingenuity of these experienced operators, it was patent to my mind that the evil consequences resulting from putrescent matter pent up in the abdominal cavity was the great bugbear to be dreaded. So I embarked into this operation with the utmost confidence that a very simple procedure could be adopted to rob it of this feature of its danger, which proved experimentally a grand success. After administering large doses of opium, to be continued when necessary, to insure constant physiological rest to the bowels, my patient was comfortably inclined in a semi-recumbent position, with the view of confining the fluids to the pelvic region, and instead of pinioning her down supinely, day after day, a complete prone position was easily effected, two or three times in twenty-four hours, by raising the under sheets slowly on one side of the bed and permitting her body to roll over on pillows placed so as to support the chest and hips. During this rotary motion of the body perfect surgical repose can be secured to the bowels with the many-tailed bandage. By the above process a perfect drain was effected; not a vestige of floating matter could fail to gravitate through the large vent, about three inches in length, which should be kept constantly open with a tent.

Cases doubtless occur where, the tumor being small and healthy, involving very little violence to the parts, there will be little or no foreign accumulation. But in this instance a vast vascular attachment to the omentum required ligation, which, together with the stump itself, produced necessarily an immense waste, demanding absolutely an early and continuous vent. It seems, at times, the proper management of the visceral peritoneum is a source of annoyance; where it is very much enlarged, it is advised to cut through it, then strip off all attachments, and enucleate the tumor; a much more expeditious plan is, as was pursued in this case, to include the peritoneum within the ligature, above and below; which is safer, too, as it precludes all danger of hemorrhage, or even of oozing of blood into the cavity.

According to the literature of this subject, the propriety of the operation at all is of recent date. Even Professors Mütter and Meigs condemned it as unjustifiable—the former wished to consign it to oblivion, the latter ridiculed it.

At present the great problem to solve, is not as to the expediency of removing ovaries, but in the diversity of opinion as regards the after-treatment, to determine upon that procedure promising the most success. It is true that peritonitis terminates most of the fatal cases,

and that the inflammation is chiefly due to the putrefaction of retained fluids; it is also true that we are learning by experience to avoid it. Not by confining the patient on her back, making a reservoir of the abdominal cavity for refuse matter, attempting to seal the incision by the first intention, but fearlessly leaving enough of the wound open, regardless of exposure, for complete drainage.

Beyond question, the treatment of traumatic peritonitis constitutes one of the most interesting chapters in surgery. And, in reverting to the discordant views of eminent authorities, I cannot refrain from a brief animadversion upon some of their opinions, from the remote age of John Bell, who pronounced, unexceptionally, penetrating wounds of the belly as mortal, when virtually all interference was condemned as futile, to this enlightened time of Professor Gross, who, on the other hand, condemns such masterly inactivity in unmeasured terms, emphatically teaching that the fatality of such wounds is greatly exaggerated. In the meantime, experience in the radical treatment of ovarian tumors with the knife is making many useful modifications.

Furthermore, I will say that, in the internal treatment of the stump, as was necessarily adopted in this case, we have a deposit of pus, which, under confinement, always becomes itself a direct factor of the very process that generated it, and it is perfectly suicidal to incarcerate within a wounded peritoneum, one of the most exquisitely delicate structures in the human frame, a material incapable of further development, and highly pernicious to life.

At the present date, over one hundred and fifty days since the operation, the improved condition of the patient, with a complete restoration of her former weight, with every organ in full vigor, has fully come up to our most sanguine expectations.

Simple Method of Testing the Purity of Chloroform.

Dr. Lueke, of Strasbourg, gives the following simple method of testing he purity of chloroform:—Immerse a small piece of thin white blotting paper into the chloroform, and then let it dry in the air. As soon as all the chloroform has evaporated, the paper will not present the least smell, if the chloroform is pure. If there is any acid smell perceptible, it indicates the presence of butyric acid in the chloroform, and, as a rule, has the strong characteristic odor of that substance.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF WM. GOODELL, M.D.,

Professor of Gynecology in the Medical Department of the University of Pennsylvania.

Reported for the Medical and Surgical Reporter.

The Diagnosis of Pregnancy.

A married woman comes to the clinic to-day desiring to know if she is pregnant. The usual signs of pregnancy are known to you all. In the present case, the woman tells me that her monthlies have been regular ever since her marriage, but that she has increased in size, has felt fœtal movements, and deems herself about eight months gone. Upon examination, I find the breasts unswollen, and without the areola of pregnancy surrounding the nipple. The regularity of the menses is a very strong presumption against pregnancy, but I shall look further. By flexing the legs upon the abdomen, and so relaxing the recti muscles, I am able, with one finger in the vagina and the other hand on the abdomen, to map out clearly the size and position of the womb. It is of the usual virginal size, and in the usual position. Let me call your attention to a sign not often spoken of in the books, viz., the condition of the cervix. By my finger in the vagina, I find the condition of the cervix uteri to be hard and unyielding as gristle. In pregnancy, even in the earlier months, the cervix becomes soft and flaccid. This happens almost invariably, and the hardness of the cervix here enables me to say, with much confidence, that I do not think the woman can be pregnant. She may possibly be in the first or second week, but I consider it extremely unlikely. You may adopt the following general rule of diagnosis: when the cervix feels as hard as the tip of your nose, pregnancy does not exist; when it feels as soft as your lips, the womb probably contains a fœtus. This woman has had no morning sickness, and her breasts, upon pressure, yield no milk, not even any moisture. Even early in pregnancy, as a general rule, the nipples will yield a drop or two of milk, when squeezed. Her bowels are regular, and she experiences no difficulty in voiding her urine, and on the other hand, no tendency to too frequent micturition. I think that the results of my examination preclude the possibility of pregnancy.

Rupture of the Perineum.

The perineum is often torn in the process of labor, either owing to the carelessness of the physician, to the unguarded use of the forceps, or to other causes of which I have not the time to speak. This laceration leaves the woman in a most pitiable condition. The perineal centre is gone, and consequently all the muscles in-

serted there are rendered useless. The woman has no control over the external sphincter, so too, with the constricting muscle of the vagina, and with the muscle which depresses the clitoris and brings it into attrition with the male organ in copulation. The sexual act becomes, therefore, blunted. Among the most generally successful of surgical plastic operations, is that for the formation of a new perineum. As it will require a full hour, if not more, to complete this operation, I shall begin at once denuding the torn sides of the laceration. To do this I prefer greatly the use of scissors, because less blood is lost by using them than by the knife, as the veins in this region are valveless, and they would probably cause a great deal of troublesome bleeding, were I to work with a knife. If you ever meet with this accident in your practice, you must make a clean breast of it; tell the woman what has happened, and put a few stitches in at once. This woman, a primipara, was delivered two years ago, and was attended by a very skillful doctor, whom I personally know. According to the patient's story, after the head was born the physician found great difficulty in delivering the body. He pulled and pulled, and finally delivered it, to find a large tumor on the spine, a spina bifida I presume. The woman says that this tumor was very large, nearly as large as the child, and that the rupture was caused by it. I never heard, before, of a rupture being caused by a spina bifida; but I must see the doctor himself, and find out from him. Here let me give you a piece of advice; always remove the forceps in a primipara when the perineum begins to bulge, for in my experience it is the forceps that causes nine-tenths of these lacerations. I am working now with curved scissors. After denuding the lower anal portion of the rent I shall denude the upper and perineal portion. You should always be provided, in your labor cases, in anticipation of this accident, with some silver thread, and a long surgeon's needle, not less than two and a quarter inches in length. Insert the first stitch on a level with the lower margin of the anus, and by one sweep pass it wholly around the anal rent, burying it in the flesh. Always enter the stitch a full half inch below the wound. I show you now the denuded surfaces; they look like a butterfly without any tail. When I put in the stitches I shall fold the two wings together. How was the patient prepared for this operation? Yesterday morning she had a dose of oil. Last night, after the oil had had its effect, she took one grain of opium, and another this morning, to keep her bowels effectually closed. She must not have a movement for at least nine days.

As union will not take place at any undenuded portion, I must be careful to pare off all the mucous membrane and round the edges off perfectly. There will be no bleeding after the stitches are put in. This woman is three months pregnant, and there is some risk of an abortion from this operation. But, unless I perform it now, she will not be able to have it done for two years to come, because she will then be nursing. Besides, she greatly fears that the rent will be increased in her coming labor. The points of exit of my needle must come exactly on the mucous membrane. The first and second are the important stitches. I generally put four or five stitches in, but I shall have to put more in this case. How is this woman to be treated after the stitches have been taken out, on the eighth or the ninth day? Between now and then she must be given opium enough to lull pain and keep her bowels quiet. Her knees must be bound together and her urine drawn off by a catheter for a week. Never put in a self retaining catheter if you can possibly avoid it, for I have seen it produce a very obstinate catarrh of the bladder. The best way to introduce the catheter, is to put the woman on her back and flex her knees and thighs over the abdomen. On the eighth day, at evening, some four ounces of sweet oil will be injected into the bowel; then, on the morning of the ninth day, I shall give the woman a tablespoonful of castor oil. When she feels a movement coming on she will have a copious injection of warm water, so as to break up all scybalæ.

Fungous Granulation of the Lining Membrane of the Uterus.

The patient, a very fleshy woman, has suffered some months past from bearing-down pains, and very frequent and abundant menstruation. She has lost strength, but not fat, and is in a very hysterical state, consequent upon her condition. Something inside the womb is plainly the cause of this. So, day before yesterday, I gently introduced a dilator into the cervical canal, and then put in a large sponge tent. Yesterday I removed the tent and introduced one sponge tent and several laminaria tents. The laminaria being less compressible dilates the canal better than the sponge tent. To-day I shall take these out. For examining the womb under such circumstances, I find a "volsella" forceps of great value. I think I shall be able to get my finger into the womb to-day. Yes, I can; and what do I find to be the matter? But first let me carefully wash out the cavity with water and carbolic acid, so as to avoid the danger of septicæmia. There is no polypus of the womb, as I imagined, from its size. I catch hold of the anterior lip of the womb with my volsella forceps, and so am able to bring the organ so low down as to enable me to reach the fundus with the tip of my finger. I find a very decided roughness of the mucous membrane. You see I bring little fragments of mucous membrane out with my finger. I must go to work and scrape all these granulations away with a little dull-edged scraping instrument, called a "curette." In scraping you must not use force, and must do it very carefully. These fungous growths may be the result of the last labor, from some minute portions of the after-birth remaining behind. I rather, however, attribute them to

local hyper-nutrition, or redundancy of mucous membrane; perhaps to hypertrophy of the placental site. A very little of this will cause a good deal of bleeding.

I do not think this scraping will be followed by any bad results. There may possibly be a slight perimetritis, but with ordinary precautions I do not fear it. I find some more of these granulations at the inner os. After clearing out all the debris, I shall make an application of iodine, to prevent septic absorption. She probably will not suffer much pain after she recovers from the influence of the ether. If she does, and the temperature rises, I shall order quinia, in ten-grain doses, every four hours, until her ears ring. I shall then gradually lessen the number of doses, but not the amount at a dose. If taken in time, quinia promptly controls peritoneal inflammation.

Amenorrhœa.

A little girl, sixteen years old, comes to us with suppression of the menses. She was born among the mountains of the interior of the State, and has lived there. Her menses were regular and her health was blooming. Six months ago she came to this city and was put to hard work. Her health now began to break down, and she feels and looks very miserable. The skin under her eyes is very black, owing to impaired oxydation of carbon. She is anæmic and chlorotic. It is very easy to see what has brought on this suppression. She has been breathing impure air, has been overworked, and is getting no sunshine.

How must she be treated? She must go to bed early, eat wholesome food, and get as much fresh air and sunlight as possible. The best hygienic remedy would be for her to go home for a month or so, but she cannot do that at present.

In cases like these I have had the very best results from the constant use of Bland's pill, so highly recommended by Niemeyer.

℞. Pulv. ferri sulphat.,
Potass carb. puræ, āā ʒij
Mucil. tragacanthi, q.s. M.

Divide in pil. 48.

Sig.—To be given daily in doses increasing until three pills are taken after each meal. This gives the large quantity of twenty-two and a half grains of the dried sulphate of iron per diem.

If these pills constipate, the following prescription may be used:—

℞. Pulv. glycyrrh. rad.,
Pulv. sennæ, āā ʒss
Sulphuris sublim.,
Pulv. fœniculi, āā ʒij
Sacchar. purif., ʒjss. M.

Sig.—One teaspoonful in half a cup of water, at bed time.

In cases of suppression due to change of habit and loss of health, a tonic treatment is indicated.

Where the suppression comes on suddenly, from cold or exposure, while in the midst of the menses, and is accompanied by severe lumbar pains, our treatment would be different. The patient should be placed in a mustard hip bath. Dover's powder should be administered; she should then be put to bed and hot drinks given. If such measures be not promptly taken, chronic uterine trouble may result.

Hydrocephalus.

An infant, eleven months old, was perfectly well after its birth. On the 17th of May last it had inflammation of the lungs. During this sickness it was noticed to move its head a great deal, from side to side. Two days after this attack was over the child had a convulsion. The child has also been at times a little cross-eyed.

You see how the ball of the eye is almost covered by the lower eyelid. This is a pathognomonic symptom of pressure from within the cranium, pushing down the orbital plate, and with it the eye itself. The sutures of the head have been in places pushed apart; the fontanelles are larger than usual. I am even able, through the thin bones, to feel fluctuation inside of the cranium. You notice, too, the peculiar staring expression which the eye has. The child is a quiet child during the day, and has a good digestion, but it does not sleep well at night.

It may possibly have dropsy of the arachnoid sac, but I rather think there is dropsy in the ventricles, from a catarrh of their serous lining membrane, which a post-mortem would no doubt show to be thickened, granular and rough. The dropsy may be caused by a scrofulous tumor in the brain pressing on some of the sinuses, or on the venæ galeni; this is hardly likely, however, in so young a child.

In hydrocephalus due to dropsy of the ventricles the foramen of Munroe and aqueduct of Silvius are both greatly enlarged, and the convolutions of the brain unfolded and flattened. The probabilities are that even should the child get well of the dropsy, its mind would never be at all strong. In view of this, I think that the most desirable thing that could happen would be the death of the child.

We must do something, however, to make it comfortable while it lives, and I shall therefore order it to have one-quarter of a grain of the iodide of potassium, and two grains of the bromide of potassium, three times a day; the one as an alterative, the other as a nervine. In some cases of hydrocephalus, the cranium has been strapped, and in others tapped, and iodine injected, but the profit of such heroic measures is exceedingly doubtful. A protracted course of mercury and iodide of potassium might diminish or keep down the dropsy, but at best, the mind would never recover from the lesions of pressure.

Diagnosis of Ovarian Cyst.

There are three kinds of ovarian cyst, the monocyst, the oligocyst, and the polycyst. It is often necessary to make a diagnosis be-

tween any one of these three ovarian cysts and ascites. I bring before you to-day a case of suspected ovarian cyst. In the first place, I know that this woman's belly, which is enormously distended, contains fluid, for I get distinct fluctuation. In case of ascites, the abdomen, when the patient is placed on her back, is flat on top and bulges out at the sides. Here there is a projection on top, and not so much bulging out at the sides. In ascites, the intestines float up to the top, and we get resonance on percussion. Here percussion, both superficial and deep, elicits only flatness. In cases of ascites, when the fluid is allowed to settle, there is usually resonance on the top of the abdomen, and dense flatness on the sides. Here there is quite appreciable resonance on the flanks.

The woman has never had any disease of the heart, lungs, or kidneys. A year ago, last February, she began to notice the distention, which has increased very slowly. Ascites is usually acute and of rapid development. She thinks the swelling began on the left side of the abdomen. Examination of the external genitals, vagina, womb, and breasts, which have withered, excludes the possibility of pregnancy. There is one more way of distinguishing between these two diseases, and that is by means of the aspirator. The fluid of ascites is straw-colored and limpid; that of a monocyst, if of the broad ligament, is perfectly clear and limpid, like spring-water; that of a polycyst is thick, dark, and turbid, from disintegrated red blood corpuscles; that of an oligocyst, which I suspect this to be, is usually of a milk and water, or of a light brown color. I should not think of tapping a polycyst unless I were ready to proceed at once to operate. For the fluid is so intensely acrid and irritating that the escape of a few drops into the peritoneum might set up a violent peritonitis, and rapidly destroy life. Before putting in the trocar I shall see that the urine is drawn off. If this were not done and the bladder were distended I might do, what has been done—thrust my trocar right into the bladder. The spot where I am making the puncture is in the linea alba, half way between the umbilicus and symphysis pubis. You now see that the fluid is of a medium-brownish color, and that it must contain albumen, from the amount of foam on the surface of it. Now the points of diagnosis which I have already touched upon make me quite confident that this is an oligocystic ovarian tumor; but my conclusion will be made still more sure by a microscopic examination of the fluid drawn. My friend, Dr. Drysdale, of this city, says that he can always detect, in fluid from an ovarian cyst, a larger or smaller number of so-called ovarian cells, which are different from all other cells; and I believe that he has abundantly made good his assertion.

Even after I have removed so much of the liquid the percussion on the top of the belly is still absolutely flat. The enlargement of the superficial veins of the abdomen, noticed here, is another symptom of an ovarian cyst.

From the fact that this woman's menses are regular, I am led to believe that only one ovary is affected. Sometimes, in this condition, even when one ovary is entirely healthy, the pressure upon the heart, lungs, kidneys, and stomach, produces a failure of general health, and so brings on suppression of the menses. In ascites the feet and hands begin to swell early in the course of the disease. In this case there has been no swelling of the feet until within the past few months.

As it is my purpose to operate on her next week, I shall remove only fluid enough to aid in establishing a diagnosis, and to relieve urgent pressure symptoms. I should like much to operate before you, in this amphitheatre. But this would not be giving the woman the best chance for her life. You have just come from dissecting rooms, from the reeking fever wards of hospitals, and the peritoneum is very impressible to such influences. I shall, therefore, remove the cyst in private, and, if she survive the operation, will bring her again before you.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Physicians as Dispensers.

BY J. W. P. BATES, M.D.

In these days of active competition between the different so-called schools of medical practice, and in view of the continued unsettled condition of the relations existing between physician and druggist, I think it will not be unprofitable, for one evening, to lay aside the discussion of the severely scientific, and consider another subject, not less important to us, viz.:—the business aspect. In the outset, I would say that the treatment we receive from patients and druggists is no more than we deserve. The matter was entirely in our own hands, and if, from indolence, press of business, ignorance, or any other cause, we deliberately threw away the chance, we can blame no one but ourselves. To-day we are in the hands of the druggist. He graciously allows us to write a prescription, and after it has passed from our hands to his, he says that we have no control over it, and that it is his property. He will renew the medicine as long as there is any demand for it; will put it up for a dozen different persons at the same time, and if it proves to be a very efficient combination, and have some local reputation, he will keep it always prepared, and labeled with his own name. Many instances of this could be mentioned as occurring in this city. In regard to the ownership of a prescription, it is a disputed point, but I think one thing is settled—it does not belong to the apothecary; it is the property, either of the doctor who wrote it or of the patient who paid for the advice of which it

forms a part. It is useless for us now to argue with the pharmacist on the question. It is useless for us to pass resolutions, as our medical brethren of Cumberland have done, that we will support no druggist who deals in patent medicines or prescribes over the counter. They all do it, and are compelled by the demands of the community to do it. If one or two were to refuse, it would be ruin to them, and do us no good. So long as it is not inculcated and enforced by the code of ethics of the Pharmaceutical Association that these things are unprofessional, we can make no change. But we have a remedy in our hands, which will make us independent, and unless we avail ourselves of it, it will not be many years before the apothecary will do the bulk of the office business.

We are in danger from another source, viz., homœopathy. That it is making inroads in this city, cannot, I think, be denied; one reason of its success is the pleasantness of its medicines, and another, that the physician furnishes them, and there is no drug bill to pay. It would astonish you, as it has me, to count the sums paid for medicines in a spell of sickness of moderate duration. There seems to be no regular charges among druggists. A prescription that costs twenty-five cents at one drug store, may cost seventy-five cents at another. For this there is at present no remedy. We may select what we think are inexpensive articles, and find, when the prescription is compounded, that we have not saved the patient one cent. Some years ago, I remember seeing, in Washington a prescription for two grains of sulphate of zinc and one pint of water; for this, being expensive articles and requiring great skill in their combination, the druggist had charged the small sum of one dollar.

For all this, I can see but one remedy; that is, for us, as far as possible, to furnish our own medicines. For office patients, this would be a very easy matter. A stock of $25 worth, including scales, measures, etc., would be quite large enough to begin with, and other articles could be added in small quantities as necessity indicated. The difficulty is in furnishing medicines at the bedside. Many of our articles are bulky, and it is difficult to select a pocket case full that will meet all emergencies. For this I have a suggestion to make. The wholesale druggists now furnish a long list of compound pills, which may be very good in their place, but have the disadvantage of compelling us to make the case fit the combination, and not the combination suit the case. Instead of these compounds, if they will manufacture for us all the available articles of the materia medica, in minimum doses, in granules, we can combine our remedies to suit the indication, and carry with us a sufficient supply for an ordinary practice. Many of our bulky solids can be substituted by the active principles, and thus the size be reduced, and for fluid preparations reliable fluid extracts can be used.

To illustrate—say we have granules of a quarter of a grain of hyoscyamus, an eighth of a grain of nux vomica, half a grain of quinia, and half a grain of iron. If we wished to put up the following prescription—

℞.	Quiniæ sulph.,	gr.ij
	Ferri citrat.,	gr j
	Ext. hyoscyami,	gr.ss
	Ext. nucis vom.,	gr.¼,

we would use four granules of the first, two of the second, two of the third, and two of the fourth, put them in a powder paper, and the dose would be ready for administration. The number of granules in a dose would make no difference, and the combination would be entirely in our own hands, and could not be repeated without our knowledge and consent. The objection to this might be the cost to the physician. True, he would lose on the first prescription; instead of making a dollar, he would clear only seventy-five cents; but then we should remember that for every time it is repeated he would get the money, and not the druggist; that the paper could not be loaned to all the neighbors; that you are not telling everybody the secrets of your business as you now do; and that the satisfaction to the community would be greater, as the medicine would be at hand, and no drug bills.

Editorial Department.

Periscope.

Ulceration of the Os Uteri.

The *Doctor*, for October, contains the following practical article:—

All acquainted with the practice of an outpatient department for the diseases of women cannot fail to have been struck by the very numerous cases of ulceration of the os uteri presenting themselves for relief. The cases are so common, the distress of the affection so debilitating, the discomfort to married life so great, and the cure so within the limits of the ordinary practitioner, that we hope to do good service by a few remarks on the subject. We shall classify the cases, dividing the os into three zones:—

1. Ulceration at the os uteri, on one or both lips.

2. Ulceration extending to half the inferior part of the cervix uteri.

3. Ulceration involving the whole of the cervix and os.

1. Ulceration at the os uteri, on one or both lips. (*a*) Very many of these cases pertain to the newly married, and are undoubtedly the result of excessive venery. There is always a history of nausea or retching, back-ache, a white or muco-purulent vaginal discharge, some scalding on urinating, vaginitis or vaginismus, and constipation. An examination by speculum reveals an abraded surface, some discharge about the os, and more or less uterine congestion. (*b*) Other cases belong to multiparæ, who have had untoward labors, whereby the external os has been lacerated, and one or other lip has become inflamed, and taken on unhealthy action. This condition is generally a bar to future pregnancy. In both classes cervicitis may be present. The lesion does not affect the cervical canal to any extent.

2. Ulceration extending to half of the inferior part of the cervix uteri. These cases are very common, occurring in women who have had difficult or many labors. The extraction of the child has divided the os into two portions, of which the posterior has been generally found to be the larger. There is a more or less free muco-purulent discharge from the vagina, and in addition to the symptoms enumerated under Class 1, the patient complains of dragging pain in either one of the groins, with pain extending to the knee of the same side. On digital examination the finger readily enters the cervical canal, and ulceration is detected. Pressure on the uterus elicits pain; the fundus is somewhat displaced; the whole organ is invariably enlarged. The extent of the disease is not seen by the speculum, which tends to bring the divided parts together; hence the necessity of a careful digital exploration.

3. Ulceration involving the whole of the cervix and os. On exposing the parts the cervix is found to be inflamed, soft, tender, much enlarged. Cervicitis is marked. The os is generally round, and the cervix is somewhat flattened at its free extremity, as if it habitually rested on the perineum. This affection is usually noticed in old cases of prolapsus, in virgins, and in sterile women. The cause may be attributed to flexions, relaxation of the uterine ligaments, and excessive venery. In these cases the pain extends along the spine and shoots down to either knee. There is pain in nearly every position the body can assume. Care is required to discriminate between these cases and those of a malignant type.

General Treatment.—We cannot too forcibly inculcate the necessity of absolute *rest* in the horizontal position. By this means, congestion about the uterus is lessened, and the ulcerated surface prevented from impinging on any part. The diet should be liberal. The bowels should be kept well opened. All marital intercourse should be forbidden.

Medicine.—There being generally a state of anæmia to contend against, we would first recommend the vegetable tonics and cod-liver oil, afterward the ferruginous preparations. Where any induration exists, iodide of potassium should be administered. It is essential to raise the tone of the body, as concurrently with its improvement, so the healing process will be expedited.

Topical Applications.—Much care is required in deciding whether to deplete or not, in choosing the form of caustic to be applied, and in prescribing an effectual injection. In all cases where the veins are prominent about the os, we would commence either by leeching or puncturing with a lancet. The latter we prefer. In cases of slight ulceration, touching the part with nitrate of silver or chromic acid, followed by a plug of cotton-wool steeped in glycerine, is generally effectual. Should the ulceration be obstinate, we would apply fuming nitric acid. The cotton-wool, saturated with glycerine must be introduced daily. Where the lips of the os are divided, it must be concluded that the inflammation has extended along the cervical canal. In these cases the external os should be well burned with the caustics named; if necessary, the actual cautery should be employed; but the cervical canal must not be molested. These failing, plugs of iodized cotton-wool should be applied daily.

Traumatism in Pregnancy.

One of the papers read before the International, at Geneva, was by Prof. Verneuil, on the influence of traumatism in pregnancy. The following are his conclusions:—

1. The influence which traumatism and pregnancy exercise on each other has been studied within the last few years only, the principal writers on the subject being Valette, Eugene Petit, Cornillon, Massot, Cohnstein, and Gueniot. The following conclusions may be considered as having been established on sufficient grounds:—

2. Traumatism and pregnancy may progress together without exercising any influence, the one on the other. This holds true of severe injuries as well as of insignificant wounds.

3. Wounds from accidents or the result of surgical operations, independently of their severity, may disturb gestation in various ways, giving rise to abortion, followed by the death of child or mother.

4. Some surgical wounds, despite their unfavorable influence on mother and child, may yet become necessary as a means of remedying several affections which, if left to themselves, would be highly dangerous.

5. On the other hand, pregnancy may disturb the healing of wounds in different ways—retarding or preventing the healing process, and promoting the occurrence of several complications

6. Other complaints, independent of traumatic injury, may be so unfavorably influenced as to compel the surgeon to perform operations

which might be avoided, or at least adjourned, had the patient not been pregnant.

7. Delivery exercises a beneficial influence on some wounds inflicted during pregnancy.

8. On the other hand, the puerperal condition acts unfavorably on wounds, whether accidental or surgical, received during pregnancy or after delivery.

9. Pregnancy does not altogether exclude surgical interference, but the latter is subject to rules which may be given with some degree of reserve. They are—

(*a*) To operate at once, whenever the patient's life is seriously menaced. (*b*) To choose an opportune time for operating in such cases as require energetic measures, and show a tendency to become otherwise incurable. (*c*) To operate whenever the disturbance, however slight, becomes a cause of dystocia at the full period. (*d*) in cases which do not appear to be aggravated by the condition of pregnancy, or do not influence that state injuriously, to abstain as far as possible from operating. (*e*) To abstain absolutely in all cases which merely affect the form or functions of unimportant accessory parts, or of those which may recover without surgical interference after delivery. (*f*) To avoid, as far as possible, all operations during the puerperal state. If the danger be pressing, operate rather during pregnancy, and in slighter cases adjourn the period of surgical intervention for two or four months after delivery.

Impacted Cerumen in the Ears.

Dr. H. M. Jones remarks, in the *Press and Circular*:—

Free syringing generally is all that is required for the removal of this common and troublesome cause of deafness. Often the mass does not come away until a considerable time is spent in syringing. But it will always ultimately yield. After a portion has been removed, and when the grub of cerumen, or waxy cast of the meatus is washed out, the latter should be examined with a speculum; much harm may be done if this step be not attended to; the healthy membrane may be forcibly syringed, and much mischief accrue. On the removal of cerumen, the membrane is generally seen, dull, with an absence of transparency, and the surface of the malleus has an inflamed appearance; the collection being removed, an interval of a few days will generally set things to rights, and if this be the sole cause of the symptoms, nothing further is necessary. If any tinnitus or pain persists, or if the deafness is not relieved, we must suspect other mischief, and proceed to examine the ear closely. The usual complaint made by patients suffering from "wax in the ear" is, a deafness with a stupid feel, and some form of tinnitus; I generally Politzerize a patient after removal of wax. I may here say that most ridiculous errors are often committed from the non-recognition of this simple cause of deafness. Nothing can be more exasperating than for a patient to return a long distance to a surgeon, and find that the source of all his blistering and leeching, and perhaps physicking, lay in a mass of easily removable wax; yet this often occurs. The characteristic black shining surface of the wax can hardly be mistaken, with any degree of care. At times the surface has a peculiar lustre, which causes it to look like the membrane; but it is only necessary to mention this, in order to prevent any surgeon from falling into so unfortunate an error. Two imprudent practices may be referred to in connection with this matter. First, the habit of inserting picks, rolls of towels, etc., into the ear, to cleanse the meatus. This can only do harm, and ensures the consolidation of any cerumen in the canal, and its impaction on the drum. Secondly, the fashion of placing cotton wool in the ears. It will be sufficient to mention that, not long since, I removed three layers of wax and two of cotton wool from the ear of a gentleman who was completely oblivious of the presence of the wool.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An Address on Puerperal Eclampsia; read by invitation before the Christian County Medical Society, by J. P. Thomas, M.D., of Pembroke, Ky. A reprint from the September number of the Richmond and Louisville *Medical Journal*, 1877. He states his position as to the theory of the cause of this disease to be an intermediate and conservative one. The chief theories are given, as, 1. The Mechanical Theory. Charles D. Meigs considered a flow of blood to the head as a cause of the convulsions. Pressure causing congestion of the kidneys, resulting in a retention of urea and a consequent flow of albumen, is often claimed as a cause. The author thinks the mechanical theory untenable, for the chief reason that pregnancy is a purely physiological condition. As to the hysterical element in the production of eclampsia, it is not shown by the cases in his experience, these being, with one exception, stout, robust women; he is convinced "that albuminuria, *per se*, never produced eclampsia." The anæmic theory is also rejected. The most likely cause is the "presence of a gravid uterus," being in some deranged state, probably in its nervous system, and the irritation being propagated from that organ to the brain.

The correct principles of treatment, he states, are, experience and common sense. Some cases demand the free use of the lancet, but very infrequent cases; in some cases chloral answers better than chloroform; in some, large doses of bromides; but for the large majority of cases he relies upon chloroform "as the grand successor of the lancet."

——Spasm of the Muscles Supplied by the Spinal Accessory Nerve. By Chas. K. Mills, M.D., Chief of the Dispensary for Nervous Diseases, University Hospital. Extracted from the *American Journal of the Medical Sciences* for October, 1877. At the head of the methods of direct treatment for such a disease, the author places the actual cautery. The dread of it can, by care, be overcome. The applications are made deeply on each side of the spinal column, suppuration being maintained for some weeks. A short history of the electric treatment of this form of local spasm is given, but the writer does not inform us of his personal experience with the same. The disorder has a tendency to relapse; "but by promptly resorting to treatment, the actual cautery, for instance, the spasm can be held in abeyance, and a permanent cur finally achieved.

——*Transactions* of the Texas State Medical Association, Ninth Annual Session, 1877. Held in the city of Galveston, April 3d, 4th, 5th and 6th. A neat volume, containing several interesting articles.

——"The Proceedings of the Medical Society of the County of Kings, September 18th, 1877." This number contains, besides the article by Dr. H. J. Garrigues, noticed last week, an article, entitled, "The Prevalence of Unrecognized Chronic Bright's Disease; its Discovery in Apparently Healthy Subjects," by B. A. Segar, M.D.

BOOK NOTICES.

The Physician's Daily Pocket Record, for 1878; Comprising a Visiting List, Many Useful Memoranda, Tables, etc. By S. W. Butler, M.D. Adapted for Thirty-five or Seventy Patients Daily. Strongly Bound in Morocco, with Steel Spring Clasp. Price—Edition for Thirty-five Patients Daily, $1.50; Edition for Seventy Patients Daily, $2.00.

The edition of this highly appreciated Visiting List, for 1878, is now ready. As it has not received any detailed notice in the Reporter for several seasons, we append the following full description of it:—

The ordinary size has 224 pages of fine, ruled paper, making a book of convenient form to fit in the breast pocket. Three eighths of an inch thick, four and one-fourth wide.

The first 52 pages are printed matter, made up as follows: 1. A "perpetual almanac," showing the day of the month on which any day of the week comes, from 1861 to 1917. 2. A list of New Remedies, their application, doses, and market values. This is revised and added to each year. 3. A table showing the doses of medicines for hypodermic injections for an adult. 4. A table giving the doses of medicine for inhalation by the atomizer. 5. Doses of medicine for suppositories and pessaries. 6. A list of the principal articles of the Materia Medica, classified according to their chief properties, with the doses for adults, and market value. 7. A list of poisons and their most valuable antidotes. 8. Rules for the treatment of persons asphyxiated. 9. A list of disinfectants, with instructions how to use them. 10. A table of physicians' fees, drawn from that adopted by the College of Physicians, Philadelphia, and the New Jersey State Medical Society. 11. A table showing the quantities of opium, arsenic, antimony, iodine and mercury in a number of the most commonly-used pharmaceutical compounds. 12. A table of Urinary Analysis, showing the normal and abnormal qualities of the urine, their tests, and what they indicate. 13. A table of the Metrical system of weights and measures, explaining how to write prescriptions by the Metrical method; besides other tables showing the pulse at various stages, the dates of the eruption of the teeth, normal human weights and measurements, obstetric calendar, etc.

The remainder of the book is ruled in blank, with printed headings. 104 pages are given to the "Visiting List and Record of Accounts," allowing one line to each patient, with a blank page opposite that for daily entries, to be used for "memoranda." The visiting list closes with an "Index of Patients," so that when a bill is presented, the whole amount is shown at once by the Index, with the pages of the list proving the visits. An "Obstetric Record" follows, containing a form for a complete history of the accouchement in a single line. Next

comes a "Vaccination Record," equally complete. A "Record of Deaths," "Cash Record," and a number of blank pages for "Addresses and Memoranda," close the volume.

The Pocket Record for seventy patients is the same, except that the "Visiting List and Record of Accounts" has double the number of pages.

One striking and valuable peculiarity of the "Pocket Record" is that it is good *for one year from any date in the year*. The Visiting List portion bears no dates, and by simply writing the month at the top of the page, the date will always be correct.

The *binding* of the Pocket Record is in strong morocco; and instead of a tuck (which often tears), it has a *steel spring clasp*, exceedingly convenient in use. A *pocket* is provided in the cover, for carrying prescription blanks, etc.

Transactions of the International Medical Congress of Philadelphia, 1876. Edited for the Congress by John Ashhurst, Jr., A.M. M.D., Philadelphia, 1877. 1 vol. 8vo, pp. 1153. Price $7,00.

After an incubation of more than a year this long expected volume has at last appeared. Though the delay has disappointed many, we confidently say the contents of the volume will not. Though in a general way quite familiar with what transpired at the Congress, we really never appreciated to anything like the proper degree its vast scientific value until we could see in detail, in this volume of its transactions, how many most able papers, on almost every branch of medical science, it elicited. Laying aside any national vanity, we do not hesitate a moment to say that none of the previous International Congresses has ever made so valuable a contribution to the progress of our science.

It is needless to select from the numerous articles any for special comment, in a brief notice like this. We have marked several, to which we shall refer hereafter. Suffice it to say that, besides the addresses, each Section is represented by from five to fifteen articles, almost all of which are creditable to their authors, and genuine contributions to the advance of medical science.

In concluding this quite inadequate notice, we should do injustice to the editor, did we not add that the very considerable labor which he undertook has been most faithfully performed, and that the delay in the appearance of the volume is not in any degree to be attributed to him, but to the natural difficulties in securing promptness from so many and so diverse contributors.

Transactions of the College of Physicians of Philadelphia. Third series, vol. 3d, pp. 214. Lindsay & Blakiston.

A very interesting volume, containing thirteen articles, by different members of the College. Among these, may be mentioned, "The Post-mortem Imbibition of Poisons," by Professor Reese; "The Internal Administration of Nitrate of Silver," by Professor Pepper; "The State of Medicine in China," by Robert P. Harris, M.D.; "Remarks on Relapses in Typhoid Fever," by Professor DaCosta; "Changes in the Nails in Fever, and Especially in Relapsing Fever," by Dr. Morris Longstreth.

The volume also contains one chromo-lithograph, and six wood cuts. This volume of *Transactions* contains the papers read before the College from October, 1876, to July, 1877, inclusive.

Cutaneous and Venereal Memoranda, by Henry G. Piffard, A.M, M.D., Professor of Dermatology, University of the City of New York, etc., and George Henry Fox, A.M., M.D., Surgeon to the New York Dispensary, etc. 12mo. Wm. Wood & Co., New York.

The authors, in their preface, state that they endeavor to inculcate principles, rather than to elaborate details. Theoretical and histological details are avoided. The various formulæ are expressed in the metric system. The opening chapters treat of the anatomy and physiology of the skin, followed by the pathology of the same structure. Symptomatology, diagnosis, nomenclature and classification, receive due attention.

The "scrofulides" are first considered, then the "rheumides," the affections of the latter group being considered of great importance. After the consideration of the prominent skin diseases, the venereal section begins at chapter thirty-ninth, with gonorrhœa. Nothing specially noteworthy as to therapeutics is given, yet the little volume meets the professed object of its publication, the presentation of the facts concerning skin and venereal diseases "in as compact a form as possible."

THE

Medical & Surgical Reporter.

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

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PREMIUMS AND INDUCEMENTS.

From and after the first of October we are offering to all *new subscribers* the Reporter for *fifteen* months (October 1, 1877, to January 1, 1879) for *five dollars*, one year's subscription price.

That our old subscribers may also receive an equally liberal offer, we make them the following proposition.—

Any old subscriber who will send us one new subscriber to the Reporter, remitting ten dollars to cover the two subscriptions, will receive the Physician's Daily Pocket Record for 1878, or the Half-Yearly Compendium for 1878, *gratis*, as he may prefer.

Any old subscriber who will send us a new subscriber to both Reporter and Compendium, remitting twelve dollars to cover both subscriptions, will receive a copy of either *Napheys' Medical Therapeutics*, or *Napheys' Surgical Therapeutics*, as he may prefer.

THE AMERICAN ACADEMY OF MEDICINE.

One of the original objects of the American Medical Association was to elevate the standard of the profession in this country in an educational point, and reports have frequently been made without arriving at the real object desired; and really so little has been done in this matter by the said Association, that it seems to actually devolve upon the general profession to take the good cause in hand. With this idea and aim in view, Dr. R. L. Sibbet, of Pennsylvania, prepared an address upon the subject, to some of the members of the profession who were known to be in favor of undertaking some move that would accomplish the required purpose, and who were in attendance at the International Medical Congress in this city last year, in which he invited a meeting for consultation.

On the evening of September 6th, 1876, several physicians from the States of Pennsylvania, New York, New Jersey and Maryland came together, and after some conversation it was concluded to organize an Association for the United States, in which the members shall consist of those who were alumni of classical schools previous to their entering upon the study of medicine, with the hopes of encouraging all young men who may desire to enter the medical profession to pass through a thorough classical education before beginning their medical studies. At this preliminary organization a board of officers was elected, and a committee appointed to draft a Constitution and By-laws, and to report at the next annual meeting, to be held in New York City on the 11th day of September, 1877, on which day the Association met in the parlor of the New York Academy of Medicine, at 3 P.M. An address of welcome was delivered by Dr. E. H. M. Sell; then the President, Dr. Traill Green, delivered his address, after which, 6½ o'clock arriving, adjournment took place, until 8 P.M., at which time the report of the Committee on the Constitution would be heard. This was read and discussed until 10 P.M, when adjournment took

place, to attend a fine collation, which was prepared in the dining rooms of the Academy.

The following day the constitution was adopted, and officers elected, as follows:—

President.—Professor Frank Hastings Hamilton, A. M., M. D., LL. D., New York.

Vice-presidents.—Hon. Lewis H. Steiner, A. M., M. D., Frederick, Md. Stephen Wickes, A. M., M. D., Orange, N. J. Benjamin Lee, A. M., M. D., Philadelphia, Pa. Professor Henry G. Piffard, A. M., M. D., New York.

Secretary.—R. Lowry Sibbet, A.M., M.D., Carlisle, Pa.

Assistant Secretary.—Neilson A. Baldwin, A. M., M. D, Brooklyn, N. Y.

Treasurer.—Edward H. M. Sell, A. M., M. D., New York.

The next meeting was appointed for the third Tuesday in September, 1878, at Easton, Pa.

The objects of this society are in every respect praiseworthy, and it cannot but be approved by every member of the profession, whether himself the recipient of a collegiate education or not. What is aimed at, and what is urgently required, is to have those young men who commence the study of medicine properly prepared for it by a reasonably thorough mental training. To effect this object, organization is necessary, and the influence of a large body of the profession. There is no reason to doubt but that the Academy will have an excellent influence in this direction.

Notes and Comments.

Pathology of Scurvy.

Mr. Charles H. Rolfe, in the *Lancet*, sums up his views of the subject as follows:—

1. That the primary change that occurs in scurvy is a chemical alteration in the quality of the blood.

2. That this chemical alteration, as far as can be judged from inferences drawn from the analysis of urine in patients suffering from scurvy, and analysis of "scorbutic and anti-scorbutic" diets, points to a diminution of the alkalinity of the blood.

3. That this diminution of alkalinity is produced in the first instance (physiologically) by an increase of acid salts (chiefly urates) in the blood, and finally (pathologically) by the withdrawal of salts having an alkaline reaction (chiefly alkaline carbonates).

4. That this diminution of the alkalinity of the blood finally produces the same results in scurvy patients as happens in animals when attempts are made to reduce the alkalinity of the blood (either by injecting acids into the blood or feeding with acid salts), namely, dissolution of the blood-corpuscles, ecchymosis, and blood-stains on mucous surfaces, and fatty degeneration of the muscles of the heart, the muscles generally, and the secreting cells of the liver and kidney.

Dipsomania.

Dr. Bodington very well urges, in a late address, "The confusion between drunkenness as a disease, and drunkenness as a vice, must be cleared up. For my part, I look upon all habitual drunkenness as a disease, and I would boldly call it all dipsomania. It is in its character as a disease that we physicians are entitled to deal with it. I would sink the notion of its being a mere vicious propensity. When fully developed there are not two kinds of habitual drunkenness. The cases are, one and all, cases of dipsomania, of irresistible, uncontrollable morbid impulse to drink stimulants."

Cyanide of Zinc in Facial Neuralgia.

Dr. Luton, of Rheims, states that he has obtained excellent results from the cyanide of zinc in rheumatic facial neuralgia simulating cerebral rheumatism. He relates two cases in which, with intense facial neuralgia, there was continued and ardent fever, cephalalgia and tenderness, on pressure at the points where the nerves emerged. The symptoms rapidly abated under the use of the following mixture:—Cyanide of zinc one-fifth of a part, distilled cherry-laurel water twenty-five parts, and tragacanth mucilage mixture 100 parts. A tablespoonful, from hour to hour.

Spontaneous Discharge of a Uterine Polypus.

F. Marchand reports, in Virchow's *Archiv.*, a case of spontaneous breaking off and birth of a uterine polypus. The tumor was situated at the anterior wall of the cervical canal. While the patient was in the act of evacuating her bowels, it was torn off and forced out of the vagina, without a trace of suppuration or disunion at the seat of the disunion.

Napheys' "Medical Therapeutics," and "Surgical Therapeutics."

These two works, each forming a volume complete in itself, and together covering the whole ground of the art of Practical Therapeutics, will be ready next week. Each volume will be the size of the fourth edition of the "Modern Therapeutics" (600 pages, large octavo), and will be sold at the same price (cloth, $4.00, full leather, $5.00, by mail, post-paid).

Very extensive additions have been made to the Medical volume; while the Surgical volume is substantially wholly new. Either volume will be sold separate from the other. A full description of their contents, etc., will appear soon.

Meanwhile, we ask the attention of readers to the easy way in which they can get this work for nothing, as suggested under the heading. "Premiums and Inducements," in our Editorial column.

Correspondence.

Hay Fever.

Ed. Med. and Surg. Reporter:—

In a late issue of the *Medical Record* there appeared an article by Dr. George M. Beard, of New York city, calling the attention of the profession to his method of treating hay fever. The three principles of the treatment were—

(*a*) The internal administration of Fowler's solution.

(*b*) Making use of an inhalation of the following:—

℞. Chloroformi,
Acidi carbol.,
Camphoræ, āā æq. partes

(*c*) Galvanization. The method which Dr. Beard uses is the one called, by him, central galvanization, and, we believe, first proposed by him in a communication to the New York *Medical Journal*, October, 1872. The method is as follows:—The negative pole or cathode having been applied to the epigastrium, the anode is then applied so as to bring the current to bear upon the central nervous system (along the spine, around the head, and over the manubrium sterni). Having experienced some considerable difficulty in the treatment of this disease in our own practice, we had concluded to try electrization, some time prior to the appearance of Dr. Beard's paper. Several of our patients had been using, for some time, internally, the liquor potassii arsenitis, in five-minim doses three times daily, with no appreciable effect, when we concluded to try galvanization. The method which we employed was, placing the cathode over the cervical portion of the spine, the anode being used over the auriculo-maxillary fossa, and manubrium sterni. The majority of the cases were entirely relieved by this method, with the exception of three cases, very severe ones, in which we employed Dr. Beard's entire method. These are as follows:—

Case 1.—Mrs. T, the wife of a clergyman of this place, had suffered with hay fever for the past three years, when she came under our care. She had tried numerous remedies, but all to no purpose, and was quite discouraged. She was troubled with great difficulty in respiration, an almost intolerable sense of oppression in the head, and with a very aggravated trouble in the nose and eyes. We employed, in this case, Dr. Beard's method, using ten cells of the Bartlett galvanic battery for about ten minutes daily. After each seance the patient voluntarily spoke of her head feeling so much lighter. She was much pleased with the inhalation mixture also. After about three weeks' application she now feels much relieved.

Case 2. Mrs. H., also the wife of a minister, presented almost the same peculiarities as did No 1, and was relieved greatly and perhaps entirely freed from the affection.

Case 3. Mrs. K., the wife of a well-to-do farmer residing in this vicinity, was put upon the same treatment. She had been suffering with this affection at intervals during the past two years; after a time, the arsenic having produced considerable gastric disturbance, she was ordered

℞.—Caffein citrat., gr.x
Sacch. lactis, ℈ij. M.
Fiat pulv. No. x.
Sig.—One powder three times a day.

She progressed rapidly under this, and is now completely relieved.

To us it seems to make but little difference whether central or any other mode of galvanization be used, having the same end in view. But any discussion of that would be foreign to the purpose of this communication. Says Dr. Althaus, "I have never carried out Dr. Beard's method in its entirety, partly because I have not been so dissatisfied with the results of the methods previously described, and partly because I have not so frequently felt uncertain about the nature and seat of the disease which I was treating." (*Med. Elect.*, p. 346).

Lyndonville, N.Y C. E. Fairman, M.D.

Ingrowing Toe-nail.

Ed. Med. and Surg. Reporter:—

In your issue of September 22d, Dr. S. M. Hamilton describes, in my opinion, the correct method of operation for the radical cure of ingrowing toe-nail. In the "Clinical Lectures on Surgery," published in the *Medical News and Library*, of this year, the author speaks of over seventy-five methods of operation and local treatment, which have been designed for the cure of this most annoying and painful affection.

This will indicate the importance of the subject, and yet the author thinks no advance has been made in the treatment, and gives his support to the older methods, such as tearing out the nail, etc., and confesses that there is a liability to ecurrence of the affection. In the light of so much that has been written respecting this condition, it is scarcely worth while to discuss the etiology and pathology, but I can support the propriety of the operation by the testimony of an experience of twenty-three years. In December, 1853, I devised and performed the operation upon the person of my brother, who had been afflicted to a greater or less extent since infancy. Two years previously he had the whole nail removed by extraction, but upon renewal of the nail the same condition recurred, and he decided upon amputation. The operation as described below was performed, and a few days later was repeated upon the person of a young man, by the name of Whiting, in the town of Hallistan, Massachusetts. The operation was performed several times during the war, while in the field, and subsequently, a dozen times or more in this city. In every case it has been followed by complete success, and in no case has the patient been prohibited from walking as much as he pleased after one week.

I first introduce a sharp-pointed or double-edged bistoury, close to the margin of the nail, and well back toward its root. Then directing the handle of the knife outward from the line of the toe, I push the knife through, its point emerging outside the median line of the ball. I then cut forward, the line of incision closely hugging the margin of the nail. Finish by carrying the incision backward, emerging a little posterior to the root of the nail. If the other side of the toe be similarly affected repeat the operation at the same time. Dress with simple dressing or cold water. It may be thought I remove too much, but the incision being from above downward and inward, leaves the free lateral margin of the nail, the most projecting part, so that no granulations can form pressing against it. Again, I have always observed that in these cases the toe is large and broad. BENJAMIN MCCLUER, M. D.

Dubuque, Iowa.

NEWS AND MISCELLANY.

Swindles.

A sharper in New York is writing to Western physicians, offering to disclose the secret of a cancer remedy of alleged wondrous powers, which he has stolen from his employers.

Another one, traveling under various names, has been arrested in Iowa. He called on physicians, with apparently excellent letters of introduction. He informed them that he had been sent out by the "United States College of Surgeons, Washington, D. C., an institution endowed by the United States Government, in connection with that of each of the States," the especial object of which was to relieve paralytics, and those afflicted with epilepsy. He was about securing statistics, and reporting such cases. He stated that, after securing the names and character of cases, he reported them to the Secretary of State, at Des Moines, who, in return, reported them to the Secretary of the Interior at Washington. They were by him placed before some sort of a Board of the fictitious institution. If this Board reported favorably, then the patient could receive treatment, by paying a small sum into the hands of the agent.

Of course, his plan was to have reference to well-known cases, to whom he furnished the information that they had been accepted, through the request of friends, who had reported them for treatment at some future time. He was sure to have the names of friends, and all the proper documents, so that the doubting could not help but believe in him. Persons afflicted, and who have exhausted every known remedy, without relief, would take such a bait at once; and so well-perfected was the scheme, that almost every one approached would bite.

Owing to the exertions of Dr. Charles H. Lothrop, of Clinton, Iowa, this proceeding has been summarily stopped, by the arrest of the so-called agent.

Leprosy in India.

According to the returns of a general census in 1872, there were 99,000 lepers in the territories under British rule in India, yielding a proportion of 54 lepers to every 100,000 of the entire population, or one leper to 1845 persons. One-eighth of the whole number is contributed by certain districts, each of not less than 100,000 in population, furnishing a ratio nearly five times higher than the average ratio for the whole of India. In these districts there is a leper to every 384 persons.

Personal.

—The death of Mlle. Titiens was owing to a sarcomatous tumor of the uterus. Her case has attracted much attention in English medical circles.

—Dr. Thomas M. Lloyd, lately connected with the Presbyterian Hospital, has received the appointment of second assistant physician at the State Asylum at Morristown, N. J.

—The Sanitarian states that the Boston Board of Health receives such death certificates from a doctoress as these:—

"This certifies that A beby boy died on the bornday of Febberly, 1876. Cause of death, '*Born.*'" On other certificates the cause of death was given: "lack of villality," "dæth barne," "canker humer," "swallowing," "lung dises," "canther of the bowels," and "chituses."

Items.

—A medical student, at Syracuse, New York, has been arrested for alleged "body-snatching."

—The city of St. Louis has levied a municipal tax on physicians practicing in that city. The profession there protests against it.

—William Gale, of Cardiff, England, has accomplished a walk of fifteen hundred miles in a thousand hours, which is said to be the greatest pedestrian feat on record.

—Queen Victoria and the Princess Beatrice have been making lint, at Balmoral, for the wounded of the Eastern war, and the occupation has, in fashionable circles, driven out fancy work.

—The extremest stress of the Indian famine is at an end, and the people engaged on the relief are beginning to hurry away to their homes. Copious rains have fallen over the stricken districts.

—All reports of yellow fever in Jacksonville, Florida, are pronounced utterly false. A despatch says there is not now, and has not been a case in or near the city. Northern travel has already commenced.

—The practice of slaughtering cattle with dynamite is rapidly growing into favor in England, the method having been found humane, convenient and inexpensive. The subject is well worthy of consideration in this country.

QUERIES AND REPLIES.

Bibron's Antidote.

A correspondent asks for the original formula of Bibron's antidote, sending us three different ones. We believe the following is the original one (which differs from any he sends us):—

R.	Brominii,	fl.dr.ijss
	Potassii iodidi,	gr.ij
	Hydrarg. chloridi corrosivi,	gr j
	Alcoholis diluti,	fl.dr.xxx.

A teaspoonful, in wine or brandy, as required.

OBITUARY.

W. L. KNIGHT, M.D.

At a special meeting of the Philadelphia County Medical Society, the President, Dr. Henry H. Smith, read a biographical memoir of their former President, Dr. William L. Knight. He was born near Wheeling, Va., February 23d, 1811. Dr. Knight passed his early youth on his father's farm. His mother was a most estimable Christian woman. At the age of eighteen Dr. Knight lost his father, and the family removed to Newark, Ohio. In 1834, at the age of twenty-three, he came to Philadelphia for medical instruction. In November of that year he entered Jefferson College. In March, 1837, Dr. Knight received his degree of M.D. His connection with the Philadelphia Dispensary, as a student and district physician, had a marked effect on his future success. During the greater part of his medical life Dr. Knight, for the most part, attended to his extensive practice on foot. From the summer of 1876 until his death, in May, 1877, he was confined to his bed.

The devotion of Dr. Knight to his practice is shown in the fact that for eighteen years he was never out of the city. Dr. Knight was elected a member of the County Medical Society in 1851, and President in 1869. His medical skill was regarded as sound, both by the profession and the public. On motion, the thanks of the society were returned to Dr. Smith, and the paper was referred to the delegates to the State Society.

MARRIAGES.

BARTLETT—BAILEY.—On Wednesday, October 17th, at the Church of the Heavenly Rest, New York, by Rev. Robert S. Howland, assisted by Rev. S. H. Weston, Homer L. Bartlett, M.D., and Minnie Newton, daughter of Floyd Bailey.

BELL—NORRIS.—On Tuesday, October 16th, 1877, by Rev. John Hall, D.D., C. M. Bell, M.D., of New York, and Mary, daughter of M. Dennistoun Norris.

CARRINGTON—MCLENDON.—At the residence of the bride's father, near Calvert, Texas, on the 24th of October, 1877, Dr. S. E. Carrington, Buffalo, Texas, and Ella Patrick, daughter of Dr. Geo. McLendon, of Calvert, Texas.

CLEAVELAND—BARCULO.—On Wednesday, October 17th, at St. Paul's Church, Poughkeepsie, by Rev. S. H. Synnott, assisted by Rev. A. M. Randolph, of Baltimore, Dr. Joseph M. Cleaveland and Cornelia F., youngest daughter of the late Hon. Seward Barculo.

DENSLOW—SMITH.—On Wednesday, October 17th, 1877, by Rev. J. M. Pullman, at the residence of the bride's parents, Le Grand N. Denslow, M.D., and Mary Augusta, daughter of Edwin P. Smith, Esq., all of New York.

GROSS—COATES.—On September 9th, by the Rev. J. F. Garrison, D.D., Dr. Onau B. Gross and Miss Fannie A. Coates, both of Camden, N. J.

MOORE—UNDERHILL.—On Wednesday, October 24th, 1877, at the First Reformed Episcopal Church, New York, by Rev. Wm. T. Sabine, Katharine, daughter of Abraham Underhill, Esq., and Dr. William O. Moore, of New York.

NICOLL—CAMAC.—At "Woodvale," Philadelphia, on October 16th, by the Rev. William Henry Odenheimer, D.D., bishop of Northern New Jersey, assisted by the Rev. William Augustus White, of Philadelphia, Henry D. Nicoll, M.D., of New York, and Anne Bancker, second daughter of William Camac, Esq.

TURRILL—SCHAPPS.—On Wednesday, October 17th, at Christ Church, Brooklyn, E. D., by Rev. R. H. Partridge, Henry Stuart Turrill, United States Army, and Marion Cornelia, daughter of C. H. Schapps, M.D., of Brooklyn.

VICKERY—WOOLLEN.—On October 21st, 1877, at the residence of the bride's father, by the Rev. Amos Gregson, Mr. A. W. Vickery and Miss Ida May, only daughter of C. W. Woollen, M.D., all of Randolph County, N. C.

WATTS—PEACE.—On Tuesday, October 23d, 1877, at St. Mark's Church, Philadelphia, by the Rev. Dr. Licett, John S. Watts and Mary, daughter of Dr. Edward Peace.

WHITEHORNE—RIKER.—At Montclair, N. J., on Thursday, October 11th, Dr. H. B. Whitehorne, of Verona, and Miss Mary E. Riker, of Montclair, daughter of Mr. James Riker, of Waverly, N. J.

DEATHS.

EMMET.—In New York, on October 16th, after a short illness, Minnie, second daughter of Dr. Thomas Addis and Katharine R. Emmet, in the eighteenth year of her age.

JANVIER.—On the 15th ultimo, Rebecca, wife of Edgar Janvier, M.D.

WALZ.—After a long illness, October 25th, 2 A.M., Dr. Isidor Walz, of New York.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION, CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

DUREL'S SYRUP

OF

TAR AND IRON,

Prepared by DUREL, Pharmacist, Paris.

The combination in one preparation, of the stimulating and balsamic properties of Tar with the tonic properties of a salt of iron, is a desideratum, which has at last been attained in this preparation. The indications for such a remedy are many, but it has been found especially useful in CHLOROSIS, BRONCHIAL CATARRH OF THE BLADDER, CHRONIC UTERINE DISCHARGES depending upon an enfeebled or relaxed state of the system. It is sold by chemists generally.

PARIS, 1867. 1868. 1872. 1873, VIENNA.

Prize Medal.

Silver Medal.

Gold Medal.

Medal of Merit

BOUDAULT'S PEPSINE

IN POWDER, also WINE, ELIXIR, SYRUP, PILLS, AND LOZENGES OF PEPSINE.

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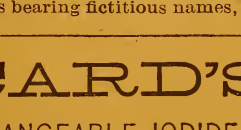

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THE MEDICAL AND SURGICAL REPORTER:

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1081.] PHILADELPHIA, NOV. 17, 1877. [Vol. XXXVII.—No. 20.

Original Department.

Communications.

ON CHANGING THE VERTEX, FROM AN OCCIPITO-POSTERIOR TO AN OCCIPITO-ANTERIOR POSITION.

Read before the Philadelphia County Medical Society, at a Conversational Meeting held October 10th, 1877,

BY WM. T. TAYLOR, M.D.

Among the various causes of tedious labor there is one of very frequent occurrence; I refer to the delay in consequence of the vertex presenting with the occiput in a posterior position. Dr. Albert H. Smith, in his valuable paper "on retarded dilatation of the os uteri in labor," read before this Society, says, "These are the vastly most numerous cases of delayed dilatation; those most frequently mistaken for cases of rigidity; those most requiring careful management; those most satisfactory in their results, if fully understood."

It is the opinion of some, that a change into an anterior position is of no benefit, for the head will revert to its former position unless the expulsive pains and its descent favor such rotation. Now, it is an established fact, confirmed by experience, that the easiest and speediest labors are those in which the vertex presents with the occiput anterior; and when we can cause the coming head to enter the pelvic cavity in that position we necessarily expedite the birth of the child, provided the pelvis and the head are normal.

For several years past I have observed, and I suppose others have noticed it also, that when a labor has been greatly protracted during the first stage, if the os was well dilated, and the pelvis roomy, the delay was generally in consequence of the vertex being in an occipito-posterior position, and the second stage would be lingering also. I have therefore been accustomed, in such cases, to gradually introduce my fingers, until I could insinuate my whole hand into the womb, and having grasped the head, to turn it from a fourth to a second, or from a fifth to a first position, which can generally be easily performed before it enters the pelvic cavity. This turn occupies but a small arc of a circle, and if the head is born and the body has not changed its position, the slight twist of the neck will produce no injury, for a return of the head to the original position will occur before the body is born. It is sometimes necessary to keep the head in the altered position with the hand, until the forceps can be applied. The head, however, will not revert to its former position if the body also is turned, which can be accomplished without much difficulty if undertaken sufficiently early in the labor. In these positions of the vertex, I have used the classification of Baudeloque.

Although Madame LaChapelle, Rigby, Nægele, Miller, and others, were opposed to changing the position, saying that nature, in nearly all cases, is competent to accomplish it, yet they admit the labor will be slow and tedious. This change of a "forehead front" into an occiput front," was advocated by Smellie, Baudeloque, Dewees, Hodge, Meigs, and Leishman. Dr. Dewees considered a physician incompetent to practice midwifery, who could not early discover and rectify them; he says "it is an established fact, that in a large majority of

these fourth positions the occiput will rotate forward under the arch of the pubis; but there can be no doubt that in some instances the occiput rotates posteriorly toward the middle of the sacrum, causing delays and difficulties from various causes, which may demand artificial assistance, for the safety of the child, or even of the mother. Hence it becomes necessary to study the mechanism of labor in the fourth position, in order to understand what nature attempts to do in these cases, and when and how to render timely and suitable assistance." He also says, "if meddlesome midwifery is bad, surely negative midwifery deserves no less reprobation, especially if it involves the prolonged suffering of the mother, and sometimes her life and that of her infant."

Dr. Warrington also recommended the changing of a posterior to an anterior position of the vertex, and he says, "the objection is that the oblique position of the child originally may make it necessary that the neck be twisted more than one-third of a circle, but experience proves that no injury arises from the practice."

The late Dr. Parry, in a paper read before the Obstetrical Society, "On the Use of the Hand to Correct Unfavorable Positions of the Head during Labor," says, "that in cases in which the body of the child cannot be rotated in the uterus by external manipulation, the head may be turned, and the occiput brought in front, without any great danger to the child. It is certainly less dangerous than Simpson's manipulation with the forceps."

Dr. R. Stewart, at a meeting of the Obstetrical Society, also remarked "that there are two conditions, one a real occipito-posterior position, both of the body and the head; the other of the head alone, the body being correct. In the latter case nature will gradually correct it into an occipito-anterior position; but in the former case we must assist, and, as a general rule, must not only turn the head, but go beyond, and by the hand change the shoulders also. For if the shoulders have not been fully turned, the head must be held whilst applying the instruments or it will turn back to the original position."

Velpeau says that "the knowledge of these conversions, naturally, ought not to be overlooked in practice, because, as they are favorable, we may in some instances be enabled to promote and even to enforce them, whenever such a thing is possible."

Dr. Landis, in the January number of the *American Journal of the Medical Sciences*, for 1877, when speaking of the mechanism of occipito-posterior positions, says, "to make rotation feasible, and with safety to the child, the shoulders must be rotated so that the child's back may present anteriorly."

Now I am prepared to show, by a number of cases, that by such a change the labor will be greatly accelerated, and the mother may be saved much unnecessary labor and pain; for nature will often take several hours to accomplish that which a skillful obstetrician can perform in a few minutes.

Case 1.—October 2d, 1872. Mrs. Antrim, a primipara, with a contracted pelvis. The first stage of labor was very slow, but when the os was sufficiently dilated I found the vertex presenting, with the occiput posterior, in the fourth position of Baudeloque, which I changed to a second. On applying the forceps the head did not advance; removed the blades and found that the head had returned to its former position. I therefore altered it again, and retained it with my hand until the instruments were applied to the sides of the head, when it required all my strength, with the "bearing down" efforts of the mother, to deliver it. The pressure of the forceps and the traction had elongated the child's head considerably. The shoulders and body had not changed. The child was somewhat exhausted, but in a few minutes it cried lustily.

Case 2.—April 12th, 1873. Mrs. Roth. Was taken in labor at 10 P. M. After midnight, about one o'clock, I was summoned, and found the os dilatable, with the vertex presenting, but above the superior strait. I waited three hours, and as there had been no progress, introduced my hand, and discovered an occipito posterior position, the fifth of Baudeloque, which I turned to a first, when the labor became more active, and a female child was born at 6¼ A. M.

Case 3.—November 28th, 1873. Mrs Kline; her seventh pregnancy. She had severe pains during the night, but I was not sent for until 7 A. M., when the os was very high up in the pelvic cavity, but slightly dilated, and having a thin wire edge, indicative of a tedious labor. At 10 A. M., as there had been very little change in her condition, I gave her a solution of morphia and valerianate of ammonia, which soothed and gave her some rest between the pains, while I left to visit other patients. At

3 P. M. the os was dilatable, and I diagnosed the vertex in the fifth position, which was turned easily to the first by my hand, when, in a short time, the head advanced, and a girl was born at 3½ P. M.

CASE 4.—January 3d, 1874. Mrs. Fenton, a primipara, had a slow labor, the first stage occupying twelve hours. On examination, I ruptured the membranes, and found the occiput posterior, in the fourth position, which I changed to a second, when the head came forward, and in one and a half hours the labor was completed.

CASE 5.—March 4th, 1874. Mrs. Patterson, a primapara. Being in slow labor all day, I examined her, and found, as I had expected, an occipito-posterior position, the fourth, which I changed into a second, and waited some time for it to advance; but no progress being made in an hour and a half, I endeavored to apply the forceps at 5½ P. M., but I could not lock them. Knowing there was some cause for this, I removed them, and found that the head had slipped back to its former position. Again, having changed it anteriorly, they were easily applied, but it required considerable effort to deliver her, which was accomplished at 6¼ P. M.

CASE 6.—May 26th, 1874. Mrs. Eley. At 9½ A. M. the os was dilating slowly, the waters having broken during the night, but at noon there had been so little progress made that I turned the head from a posterior to an anterior position, and by extending my hand up to the shoulders changed them also. After that the head moved onward, but at 1½ P. M. it came to a stand, and as my patient was becoming exhausted, I delivered her with the forceps at 1¾ P. M.

CASE 7.—September 10th, 1874. Mrs. Staggers. Had some neuralgic pains in the anus, extending up the spine, for several days; but on September 9th she had a "show;" the os was very slightly open, and had a thin wire edge. The pains did not produce any change in this condition until the morning of September 10th, when it slowly opened. At noon it dilated more rapidly, and in a few hours I discovered an occipito posterior position, which I turned to an anterior, when it advanced, but on arriving at the inferior strait it was delayed. As the pains were ineffectual, and the mother was getting tired, I delivered her, with the forceps, of a large boy, at 5¼ P. M.

CASE 8.—April 19th, 1875. I was sent for to visit Mrs. Maguire, one of Dr. R. Stewart's patients, as the doctor was sick at home. She was the mother of six children, and had always had quick labors, the doctor seldom getting there in time. This time she had sent for him early in the morning, but by some mistake on the part of the messenger, I did not hear of it until late in the afternoon, and reached the house at 6 P. M. On entering the room she remarked, "I thought you would never come; I feel uneasy; something must be wrong, for I was never so slow." Having quieted her fears I made an examination, and as the os was well dilated, found a fourth position, which I turned to a second, when in a few minutes the pains came on so rapidly, that a son was born at 6¾ P. M.

CASE 9.—December 5th, 1876, Mrs. McDevitt. Was in labor with her sixth child early in the morning. At noon the os was dilating and the child was high up in the womb. At 3 P.M., as the pains were short and ineffectual, I gave her some hydrate of chloral and left her to sleep whilst I visited some other patients. At 6 P.M. the labia were greatly swollen; on introducing my hand I found the head of a large child, presenting with the vertex posterior, which I turned to an occiput front; but I had to turn the shoulders and body also, to keep it in position. On applying the forceps, I thought it would be impossible to deliver her, but having baptised the child, I pulled with all my strength, whilst the nurse held on to the shoulders of the mother, to prevent me from pulling her from the bed. In about fifteen minutes I had the head in the world, but I had considerable trouble to deliver the shoulders. It was born at 7 P.M., and soon cried lustily; its weight was 12 pounds.

CASE 10.—March 26th, 1877. Mrs. Walton, a primapara. Had a slow, tedious labor, with a rigid os, which in twelve hours dilated sufficiently for me to introduce my fingers, when I thought that I had an occipito-anterior position; but she resisted the examination so much that I mistook the presentation. As the head advanced very slowly and she became tired, the pains proving ineffectual, I gave her some ether to inhale, and when under its influence I applied my forceps, but could not move the head. I therefore removed the instruments, and having introduced my hand well up into the uterus discovered that the occiput was posterior, which I turned to the front and again

put on the forceps; having the head fairly in their grasp, it was brought down quite easily, but as soon as it was delivered it rotated to its former position, and I removed the body with the back to the mother's sacrum.

In all these cases the children lived, and although I have changed the position of the child's head nearly one hundred times, I have yet to see one which has been injured by the turning; but on reverting to them, I feel convinced that in some of them I would have saved much time and trouble if I had changed the shoulders as well as the head, in the early part of the labor.

SULPHATE OF CINCHONIDIA; ITS PHYSIOLOGICAL EFFECTS AND THERAPEUTIC USES.

BY T. N. RAFFERTY, M.D.,
Of Palestine, Ill.

The enthusiastic greeting given the resolutions offered by a member of the Kentucky State Medical Society, at the last meeting of the American Medical Association, asking the Congress of the United States to remove the tariff from sulphate of quinine, and the unanimity with which they were adopted, is sufficient evidence of the need of a reliable substitute for that important article. Since we were humbugged, a few years ago, with sweet quinine, most of us have been in the habit of regarding with suspicion and incredulity all substitutes for quinine, and all the cheaper alkaloids of cinchona. Recent trials of eucalyptus globulus, ranked by Jürgensen, in Ziemssen's Encyclopædia, as second only to quinine, have not, I think, tended to remove this unbelief.

These repeated failures have heretofore led us to look upon all of the proposed substitutes as simply "waste material, worked up to sell." If however, they, or any one of them, have been "distinctly isolated, and will stand the test of experience," it matters not if they are or are not the "refuse of other processes." Of the chemical properties of sulphate of cinchonidia, discovered by Winckler, in 1845, it is not necessary to speak, as the province of the present paper includes only its physiological effects and therapeutic applications. My experience with the article in question has extended over a period of some three years, and includes the use of near three hundred ounces. Allowing sixty grains to the case, they would aggregate not far from two thousand four hundred cases, and as a very large per cent. of these have been simple malarial intermittents, this estimate is no doubt too low. This experience has been with patients of all ages, and under nearly all of the circumstances where quinine was thought to be indicated. It also includes its administration to healthy subjects, in order to arrive at just conclusions in regard to its characteristic action on the system when uninfluenced by morbid conditions. When sulphate of cinchonidia is administered to a healthy subject, in doses of one to two or three grains, its action, so far as I have been able to judge, is precisely similar to that produced by quinine; that is to say, it is a simple, pure, bitter tonic, increasing the appetite, and stimulating not only the digestive, but, either directly or indirectly, all the other vital functions. Given in doses of five to twenty grains, or more, cinchonidia acts especially on the brain and nervous system; and here, I believe, is a decided difference between its action and that of quinine, although most writers have made their effects identical, except in degree. The first difference which I have noticed, is that while quinine occasionally, and in some persons frequently, irritates the stomach, cinchonidia does so much the more frequently, this being, in many instances, the greatest drawback to its use. In asserting this, I am aware of the fact that it has been urged by some, if not most, of those who have written recently on this subject, that the cinchonidia is much less apt to produce nausea than quinine, and for this reason is often to be preferred, especially in children, and in all febrile diseases in which the stomach is disposed to a state of irritation. Thus, in a letter to the MEDICAL AND SURGICAL REPORTER, published last year,* the writer states that one of the *advantages* of its use, is that "it is better tolerated by the stomach, not being nearly so liable to produce nausea and vomiting, especially when given during the height of the febrile exacerbation."

Comparing the effects of cinchonidia still further, with those produced by the sulphate of quinia, there is a marked difference in the effects produced on the brain and nervous system. And in this, too, my experience has led me to differ in opinion from some who have given their views on the same subject. Among the most disagreeable effects following the

* Vol. xxxiii, page 353.

administration of quinine, and the first cerebral symptom usually presented, is a buzzing and roaring sound in the ears, accompanied by partial deafness, and occasionally a disturbance of vision. None of these phenomena usually follow the introduction into the system of cinchonidia. In regard to the other so-called nervous symptoms produced by quinine, there is still a difference from those induced by the article in question, though most of these differences are only in degree. The dizziness, the staggering, the occasional irregular muscular movements, the tremblings, and all the other evidences of nervous depression that characterize the action of large doses of quinia are considerably augmented where a corresponding amount of the cinchonidia is taken. Quinine generally renders the pulse slower* and always weaker, while the action of cinchonidia produces a corresponding feebleness of the circulation, but so far as I have been able to verify it, always increases the frequency of the heart's action at the same time, indicating by this its greater power as a cardiac depressant. At least, in no other way can I account for this increased frequency of the pulse, which amounts in most cases to from ten to fifteen pulsations per minute. The attendant muscular prostration and accompanying profuse diaphoresis are still further positive evidences of its direct sedative action.

It is unnecessary here to discuss the question as to whether this sedative action of the alkaloids of peruvian bark is indirect, and the result of over-stimulation, as maintained by Wood, Stillé and most former writers on therapeutics, or a directly depressing influence on the nervous centres, as held by many recent authors, and especially, the Germans; though I believe the latter to be the correct theory. Before proceeding to the subject of the therapeutic applications of cinchonidia, it may be well to briefly indicate, in contrast, some of their supposed differences in physiological action. As we have seen, the first observable effect of a full dose of sulphate of quinia is that "cerebral phenomenon, abnormal sound, buzzing and roaring in the ears, obstructed hearing, and sometimes deficient vision." None of these, I have said, are induced in any marked degree by cinchonidia; quinine produces, sometimes, nausea and vomiting; cinchonidia does so much more frequently; quinia reduces the force of the heart's action always, and its frequency almost always; while cinchonidia diminishes the force with as much certainty, but in most persons increases the number of pulsations. Both produce muscular prostration, lower the temperature of the body, followed by profuse and clammy perspiration, and in excessive doses may result in prostration and collapse.

With reference to the therapeutic uses of cinchonidia, I have, as before stated, used it in nearly all the forms of disease for which the sulphate of quinia has been supposed to be indicated, and the object of this paper is to compare the two remedies, in order, not to ascertain any new therapeutic indications which may be fulfilled by the alkaloid in question, but only to test its merits as a substitute for quinine, which, on account of its scarcity and consequent high price, has recently been almost beyond the reach of the poorer classes of people, to whom, as stated in the resolutions before referred to, it is nearly as important as bread. As a simple tonic, I believe the effect of the two remedies under consideration to be precisely similar, and the cinchonidia may be prescribed with a reasonable certainty of benefit in all classes of cases where this class of remedies are useful. It is as an anti-periodic and anti-malarial agent, however, that we are most interested in deciding on its powers, and it is here that the remedy seems likely to really assert itself, not only as the peer of the old stand-by, but really believed by many to be its superior. The opinion of the Madras commission, in India, could not have been a careless and hasty one, for their statistics abundantly prove the facts therein stated. Their report shows that out of one thousand cases of malarial disease treated with quinine nine hundred and ninety-three were cured; of one thousand treated with sulphate of cinchonidia, nine hundred and ninety were cured, giving quinine the advantage of only three cases in the thousand. In the St. Louis *Medical and Surgical Journal*, for January, of last year, Dr. Reber, of Illinois, reports the use of one hundred and twenty-five ounces of cinchonidia, in the treatment of fifteen hundred malarial cases; and as the result of his large experience, gives the opinion that the results were as satisfactory as if quinine had been used. The testimony of many others published in the various journals during the last two years,

* Wood's "Materia Medica and Therapeutics."

might be adduced as further evidence of its good effects. My own experience has extended over a series of more than two thousand patients infected with malaria, treated with cinchonidia, and many more than that number treated with quinine.

In point of efficacy the two remedies stand on precisely the same footing, although the effects of quinia are, to most persons, less disagreeable, and for this reason only is it to be preferred. The amount required for the arrest or cure of an intermittent fever is 25 to 30 per cent. more than of quinia. It may be administered by the mouth, rectum, or hypodermically, but it is well to remember that, being somewhat more irritant in its local action than quinine, it is more liable, when used hypodermically, to produce troublesome abscesses, than the latter. In remittent fever it may be administered on the same principles that govern the use of quinine, and during the height of the febrile paroxysm, without waiting for the occurrence of a remission. In cases of irregular neuralgia, chorea, hysteria, and pertussis, I have had no experience with the remedy to test its value as a substitute for the supposed allopathic action of quinine, but by analogy would expect the same result. The therapeutic application of cinchonidia as a sedative, has not as yet, so far as I know, been sufficiently tried to determine with any degree of accuracy as to its reliability. Judged by its characteristic action on the healthy human system, it has claims which may prove it to be the most valuable antipyretic yet discovered. As before stated, the nervous prostration produced by it when thus used is much greater than that induced by sulphate of quinia. My experience with it has not been such as to demonstrate fully the truth of this action when it has been administered to persons in diseased conditions. I have given it in large doses in numerous cases of pneumonia, in a few cases of typho-malarial fever, and two or three cases of puerperal fever. In most of these cases such use has been followed by a marked reduction of temperature, by a reduction of both the force and frequency of the heart's action, and, in fact, by a more or less complete remission. In nearly all of these cases, however, other and well-known antipyretics, as the application of cold, veratrum, and digitalis were used conjointly, thus leaving a doubt as to the part performed by each. All of them, too, have occurred in an intensely miasmatic district, where all the diseases met with are liable to be accompanied by malarial infection, and its consequent complications. This may account for the apparent good effects following the administration of an antiperiodic. That is to say, the cinchonidia may only have removed the complication, and thus rendered milder the course of the intercurrent disease. The truth or falsity of this can, of course, only be demonstrated by extended trials of the remedy in uncomplicated cases. In typhoid fever I have had no opportunity for a trial. In acute rheumatism cinchonidia would probably act as beneficially as quinine or salicylic acid; mild cases would recover in a few days, and severe ones in two to six weeks.

In approaching the subject of cinchonidia as an oxytoccic, which naturally follows in its comparison with quinine (a reputed parturient), I am aware of being again on disputed ground. I do not believe that sulphate of quinia will ever originate contractions of the pregnant uterus, yet it will just as certainly add to their force, when once begun, in many cases. Cinchonidia, too, has this effect; and in two cases occurring recently under my observation, there was to me some evidence of more than this. Both were about seven months advanced in pregnancy, and had tertian intermittent fever, two paroxysms having occurred (the first very slight, however) before the treatment was begun. The treatment consisted in the administration of an opiate, followed by five-grain doses of cinchonidia every three hours, on the day following the chill, until twenty-five grains were taken. Labor set in, in both instances, some six hours after the last dose of medicine had been given, and terminated rapidly. There were no more chills in either case. One of these labors was an almost painless one. Neither had ever miscarried before, and one of them, while pregnant, two years before, had chills frequently, for which she took quinine in large doses. Locally, cinchonidia is slightly irritant to the parts to which it is applied, rather more so than quinine, and would no no doubt fulfill the same indications applied to indolent or sloughing ulcers, or when administered in cases of kidney or bladder troubles demanding local stimulation, as in ulceration of these organs, or diseases of the bladder dependent on debility of that organ. While it is not likely that any medicine will ever usurp the place now held by quinine in our therapeu-

tics, yet in times like the present it is important to learn if there are any remedies entitled to be ranked as reliable substitutes. To this rank cinchonidia certainly possesses claims which merit consideration.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC FOR DISEASES OF CHILDREN, BY PROF. A. JACOBI.

Reported for the Medical and Surgical Reporter, by P. Brynberg Porter, M.D.

Disease of Ankle Joint.

Case 1.—This boy, of eight years, you will notice, gentlemen, has a considerable swelling about the ankle of the left foot, with diffused redness and two or three apparently fistulous openings upon its outer aspect. The mother states that this trouble commenced about thirteen months ago, when he began to complain first of a pain in the sole of his foot, of a piercing character; though it was not until some little time after that the swelling about the joint was noticed. Poulticing was kept up continuously, and in the course of two or three weeks a small opening occurred spontaneously. Some time afterward two other openings made their appearance. Only once, so far as the mother is aware, was there a piece of bone of any size discharged from any of the orifices. In making a diagnosis in such a case as this, it is important to note the time that has elapsed since the beginning of the trouble, and as it is now more than a year since that, it points very strongly towards disease of the bone. If there had been an abscess in the soft parts it would not have been of this chronic character. Then, again, the fistulous orifices noticed, and the discharge of bone itself, at least once, leaves no doubt whatever as to the nature of the affection. Now is there caries or necrosis present? Caries is much more common, particularly in the young, and the evidences of it are sufficiently marked here. Among the more serious results sometimes following caries may be mentioned embolism, pyæmia, and amyloid degeneration of the viscera. It is probable that in this case the lower end of the tibia and some of the tarsal bones are involved, and on passing the probe into the various orifices I am able to reach bone distinctly in one instance, though it is not so clearly made out in the others. It is very common, indeed, for caries, under favorable circumstances, to heal up spontaneously, and I am inclined to think that, with proper care, such a favorable result may be anticipated here; so that no operation will be necessary.

In regard to the treatment, it is, first of all, essential that rest should be enjoined. The child must be kept as quiet as possible, and the foot should remain in a somewhat elevated position a great part of the time. Next, absolute cleanliness is required, and the orifices should be kept open constantly, to permit free drainage from the seat of the disease. Dilute carbolic acid will be found of great service in such a case as this. Internally I shall advise the administration of phosphorus, which, as you know, I have been using pretty freely for the past year or more, and which has seemed to me to give very fair results in all cases of children where the osseous system is affected. This patient should take one-sixtieth of a grain of phosphorus three times a day, and this is the only medicine that will at present be given him. By way of diet he should have plenty of meat, milk and eggs. We will keep him under observation for a month, at least, and if by the end of that time there seems to be any improvement in the condition of the ankle, any operative procedure will, in all probability, be unnecessary; but if no improvement is noted, we will then have to be guided by circumstances, in the further conduct of the case.

Paraphimosis.

Case 2.—This little fellow, five years old, has been playing with his penis, and, as you see, has managed to get it in a very uncomfortable condition. There is considerable tumefaction of the parts, and the strangulated glans looks very red and angry; the condition of paraphimosis having lasted since yesterday afternoon, as I learn. It is not uncommon for boys to tie a string around the penis, and then wait to see what will come of it; and the result is, unfortunately, sometimes serious enough. The swelling produced thereby is usually very great, so that it may be entirely impossible to see the string at all, and I have known the organ actually to slough off, in consequence. In other cases I have seen a fistulous opening into the urethra result. In the present instance, however, our little friend does not seem to have practiced any such ligation of his penis. In reducing a paraphimosis, it is sometimes necessary to administer chloroform, but I will do without it here, for I think the pain that he will suffer in having the prepuce restored to its normal position will teach the boy to keep his fingers away from his penis, and so avoid paraphimosis in the future. Having now effected the reduction by careful and steady pressure upon the glans, you will notice that there is still a little œdematous swelling remaining; but this will all pass off in the course of a few hours.

Pleuro-pneumonia.

Case 3.—The following history has been given me of the child which I next present to you. Thomas A, aged six years. October 13th, 1877. Was always well, up to five months ago, when he was taken with a violent pain in the region of the stomach. This came on suddenly,

was paroxysmal in character, and passed off as suddenly as it commenced. There was no return of the pain until about ten days ago, when the child had another similar attack. From the time when it first occurred he has been steadily losing flesh, and about a month ago he commenced to cough. On two occasions only has there been any expectoration, and then the sputa were yellow and tenacious. There has been some dyspnœa from the first, and this has continued to increase with the emaciation. The temperature, October 13th, was 100¾°. To-day, October 17th. it is 101⅔°. It is not certain whether the attacks of paroxysmal epigastric pain above referred to have any connection whatever with the disease from which the child is suffering; but I am inclined to believe that they were due to the action of the diaphragm, since diaphragmatic pain is not uncommon in thoracic affections. The dyspnœa and cough will, of course, lead us to surmise that there is some trouble, either with the heart or the lungs, and here I might pause to say how insidiously disease of the heart, when not congenital, usually comes on in children. Acute rheumatism is not at all an uncommon affection in early life, but is almost always so much less severe than in older persons, that it very frequently escapes notice altogether. Yet, notwithstanding lightness of the attack, it is almost invariably accompanied or followed by endocarditis. Almost no case of rheumatism, I may say, occurs in young children, without this complication, and I have seen cases in which the rheumatism was scarcely noticeable at all, and yet, in which there was fully developed endocarditis, with a loud bellows-like murmur (usually mitral). As to expectoration having been seen but twice, as recorded in the history, there can be no doubt that the boy has swallowed the sputa coughed up, as is so commonly the case with children, since it is hardly likely that cough should continue for this length of time without more or less expectoration. The matters expectorated, after being swallowed, are in part digested, and in part pass off in the dejections.

On an examination of the chest, we find that there is the most marked dullness over nearly the whole right side, so that there is no perceptible difference in the percussion-note over the lung and that over the liver. On auscultation there are noticed the signs of pneumonic consolidation all over the upper two-thirds of the lung, while in the lower part there is not only absence of the vesicular respiratory murmur, but of bronchial breathing. This fact, together with some slight bulging between the ribs in this part of the chest, leads us to the diagnosis of pleurisy as well as pneumonia, and this is confirmed by the hypodermic syringe. On plunging the needle through the chest walls, I draw off a syringeful of clear serum, showing that the pleuritic effusion has not yet become purulent.

It is characteristic of pneumonia, in children, that it lasts a long time, as in the present instance. In a large number of cases pneumonia supervenes upon general bronchial catarrh, and one is apt to follow another for an indefinite period. These consolidations of the pulmonary tissue are the result of infarctions in various parts of the lungs, and especially of the posterior portions, where they are due to hypostatic congestion, arising from the position on the back in which children lie so much. They vary very greatly in their duration and extent, sometimes occupying a considerable portion of lung-tissue, and sometimes being quite minute, and are apt to occur spontaneously in both lungs. In the case before us we have no means of ascertaining whether the trouble originally commenced in the part where it is now located, but the probabilities are that it did not. In the ordinary croupous pneumonia of adults, however, the disease runs a certain definite course, and is soon over. Here it has already lasted for about six weeks, and very likely will continue for some time further. In practicing percussion upon children (I will take this opportunity of cautioning you) you should be very particular always to do it gently, for he but displays his ignorance who makes use of much force. The reason for this is that the intestines are in such close proximity, that a powerful percussion-stroke will elicit a certain amount of intestinal resonance—and the same is true in adults—over the lower portions of the lungs. As I before remarked, the trouble in this case is very extensive.

Now, one of the first indications here is to get rid of the pleuritic effusion, and to this end many would employ a blister, tincture of iodine, or some other form of counter-irritation; but in this case I should avoid such agents, if possible, on account of the irritation they produce. The child, as you see, is quite feeble, and in order to get well it will need all the sleep that it can possibly get, and anything that will interfere with its repose will so far prove injurious. Internally we might employ some of the various diuretics, such as the iodide of potassium, bitartrate of potassa, digitalis, or simple water, and externally we might make use of the hydropathic cold-pack. The great trouble with the latter, however, is that it requires a great deal of reactionary power on the part of the patient, and if reaction does not take place after it, it is apt to be very injurious. Sometimes all the body will react except the feet, which will make the patient very uncomfortable; so that in some cases it is a good plan to apply heat to the feet, while the rest of the person is in the cold-pack. In the present instance I think the hot water pack would be much better than the cold; and to further increase the diaphoresis produced by it, we might give the old fashioned spirit of mindererus, *liquor ammonii acetatis*. To produce its full effect the latter ought to be given, half and ounce at a time, in a cup of hot milk. Jaborandi is also a very efficient diaphoretic, producing the most copious sweating; but it is open to the objection of causing very uncom-

fortable salivation, as well as nausea. A great improvement on this is the active principle of jaborandi, the alkaloid pilocarpine, which is just as efficient, and does not produce nausea, while the salivation caused by it is not so marked. Its effect is exceedingly prompt, and the proper way to employ it is by means of the hypodermic syringe. For this purpose a solution of two per cent of the pilocarpine should be used, and of this almost thirty minims should be administered to an adult, and fifteen minims to a child. Within a minute after it has been injected under the skin a profuse diaphoresis is produced, which continues for twenty, thirty, or forty minutes, and in some instances for over an hour. This agent is extremely useful where we wish to get an immediate effect, as is often the case in Bright's disease, for instance. I have now used it in a pretty large number of cases, and have never known it to fail in a single one. As the temperature is still quite high, quinine is indicated in addition to whatever other remedies we may employ. The treatment, then, that I would recommend for this child would be somewhat as follows: Eight grains of quinine a day, given about noon, until the temperature is reduced; a drachm or a drachm and a half of bitartrate of potassa once a day, and five grains of iodine of potassium four times a day. In addition, diaphoresis may be produced from time to time, by some of the means above mentioned. If suppuration in the pleural sac should supervene (and this would be indicated by an increase in the temperature), all the fluid should be promptly evacuated.

Medical Societies.

THE AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES.

The eighth annual meeting of this association was held in Chicago, September 12th and 13th. The President, Dr. T. L. Mason, of Brooklyn, presided. The first paper was by the Rev. John Willett, Superintendent of Kings County Home, New York, on "The Diseased Appetite of the Drunkard, and its Cure." Mr. Willett utterly disowned the miraculous-cure theory advanced by the new order of religio-temperance teachers, and claimed that the recovery of the drunkard from his degraded condition must be attained by human means. He invited the "deluded zealots" who insist that the drunkard's habit and appetite can be cured by miraculous interposition, to visit an inebriate asylum and experiment on its inmates. He asserted that spiritual means never could reach the diseased appetites and disordered nervous system of the inebriate. He must have proper medication and rest of both body and mind. The inebriate is physically sick, and must go back to health along the line of natural laws.

Dr. Albert Day, of Washingtonian Home, Boston, Mass., read an elaborate paper on "The Curability of Inebriety." Summing up his conclusions as follows:—

1. Inebriety is a disease; developing diseased emotions; weakening the will power; depressing the moral elements of nature, and developing the lower and animal propensities.

2. Alcohol in excess is not a stimulant but a powerful depressant.

3. With proper treatment, the disease or habit may be cured, as other diseases of the nervous system.

4. There is a great and increasing demand for homes and refuges for inebriates, where they can be treated properly.

Dr. C. W. Earle, of Chicago, read a paper on "Persistent Alcoholism," which brought out much discussion.

Dr. J. B. Mattison, of Brooklyn, N. Y., read a paper on "The Responsibility of the Profession in the Production of Opium-taking," asserting that high authorities concur that the opium habit has its inception in prescriptions ordered by physicians. It is, therefore, advisable not to recommend opium continuously for the purpose of allaying pain, especially with patients of a nervous temperament, lest the physician might become the innocent cause of setting the spark to the fire that may only be extinguished with life. The writer held that fully 80 per cent. of the cases of opium inebriety in this country may be traced to opiate prescriptions. Physicians are too ready to prescribe opiates for the relief of pain or insomnia, and too careless about seeing that when the strict therapeutical necessity for its use has been fulfilled the use be discontinued.

An auxiliary factor of great importance is found in the absence of proper restrictions on the sale of opium and its preparations. An apothecary can refill an opiate prescription as often as it may be presented. If this were prohibited many cases of opium use might be stamped out in their inception. Another phase of the question was the use of the hypodermic syringe. While the subcutaneous administration of morphia has contributed immensely to the alleviation of human suffering, it has been asserted that increased facilities for continued indulgence are thus afforded. A prominent member of the Association holds that there is far greater danger of inebriety in this case than where morphia is given *per se*. A pernicious practice exists, of recommending patients to purchase a syringe, and personally employ it.

The remedies for the resultant evils are to be found, first, in a diminished prescribing of opiates, a lessened idea that they are the *sine qua non*, and the substitution of various anodynes, soporifics and nervines, which, though not so efficient as opium, are free from that peculiar property which so often entails dire results. In the second place, careful inquiry should be made as to the neurotic status of the patient, and a study of his nervous

temperament. A frequent use of substitutes interrupting an administration at short intervals, will lessen the chances of habituation. Physicians should keep careful watch over their patients, and demand that they abandon the use of opiates, and especially of the hypodermic syringe, immediately, when the absolute necessity for their use ceases.

A very interesting discussion followed this paper.

The evening session was devoted to social enjoyment.

At 8 o'clock Dr. N. S. Davis delivered the speech of welcome, which was responded to by Dr. T. L. Mason. A banquet had been prepared, and after a discussion of the good things, the following toasts were drunk, in clear, cold ice-water: "Washingtonian Homes and Their Powers," responded to by Dr. Albert Day; "Duty of the Church in the Reform," responded to by Rev. J. Willetts; "Need of Reform," responded to by Dr. Widney; "The Endorsement of the Press in the Work of Reform," responded to by Dr. T. D. Crothers.

The Second Day's Session, after the usual formal business, opened with a paper, by Dr. T. H. Everts, of Rushford, Minnesota, on "The Obligation of the State Respecting the Inebriate." The writer was fully convinced of the duty of the State to provide for the care and cure of inebriates. Every person who habitually fails to exercise self-control in the use of intoxicants, becomes, inevitably, either a dangerous person, or a public nuisance. In either case public safety demands that he be placed under control, and, charity failing, the State must interfere. It does so, but in a manner hardly equaled for stupidity in any other branch of Statecraft, in a manner violating the simplest laws, economic, humanitarian, and moral. In other cases of public nuisance the government interferes before the damage is done, but with the inebriate all is different. His "personal liberty" is defended, even against charity, until after he commits crime or violence. The traffic in intoxicating liquors, as conducted in this land, is the proximate or exciting cause of nine-tenths of the cases of inebriety occurring. This traffic the State sanctions nearly everywhere, either protecting it by license, or by making it such an extraordinary source of revenue as to incur the charge of sharing the profits. If the State thus deliberately sanctions so dangerous an institution, how can it escape the responsibility of caring for the victims? There is no justification of the extraordinary and unequal tax levied upon the liquor traffic, than that it entails extraordinary duties and cares upon the State, notably those of "police regulation." This consists simply of the arrest and abuse of one party to the trade, when he had become, through liquor, bankrupt in character and purse. The State of Minnesota has gone so far as to impose a special license-tax upon the liquor interests, the proceeds of which are to be expended, as far as practicable, in remedying the worst evils incident to the traffic. There is no doubt that the true cure is the total suppression of the traffic, but until that can be done the State is under obligation to furnish the best known means of cure for this most widespread and destructive disease.

Dr. Wilkins, of Washingtonian Home, Chicago, read the next paper, on "The Work of Inebriates," followed by Dr. C. F. Widney, of St. Louis, on "The Prevention of Opium Inebriety." His plan consisted in the gradual reduction of the drug in its use, because the sudden withdrawal of the customary narcotic often endangers life. His method of cure was what was known as the "gradual treatment," and consisted in gradually reducing the amount used, and finally stopping all stimulants. Among the remedies which he had found most beneficial were: Cannabis, belladonna, henbane, bromide of potassium, and quinine; coffee he regarded as objectionable, while in conclusion he made the statement that the opium habit could only be effectually treated in institutions specially devoted to its cure. All physicians prescribing the opium drug as a medicine, should inscribe on the label of the bottle, "not to be filled again," and in this way would a great amount of the disease be prevented.

The next paper was by Dr. T. D. Crothers, the Superintendent of Walnut Hill Asylum, Hartford, Conn., on "Inebriety and its Symptomatology."

After explaining the meaning of the term inebriety, by saying that it meant a cerebro-psychal disorder, manifested in cravings for fluids which shall relieve some want in the organism, or the expression of exhaustion and degeneration seeking restoration through perverted nutrient desires, the Doctor proceeded to say that dipsomania was a stage of inebriety in which the disorder was intensified into mental perversions and anæmia, overwhelming all other conditions. Alcoholism was a toxical condition, caused by alcohol, of limited duration, and was another stage of inebriety. Inebriety, in general terms, was a distinct neurosis, very commonly inherited, often beginning with the first toxical effects of alcohol, or a single glass of liquor taken under certain conditions. The entire organism was affected by acute and chronic degeneration, which seemed to pursue a definite course with fatal termination, unless checked? Within the past few years a new type of inebriety had appeared, marked by the intensity of all the symptoms, prominent among which were mental excitement, depression, muscular tremors, exhaustion, paralysis, and suicide. This new type was evidently the outgrowth or result of speculating, gambling, horse-racing, business failures, etc. The number of such cases confined in insane asylums showed that it had so closely merged into mania as to make it difficult to draw the dividing line. Nearly all cases of inebriety might be grouped under two forms, namely, conscious and unconscious inebriety. In the former, the patient was keenly sensitive of his

condition, and at times made impulsive efforts to recover; rarely had delusions or delirium tremens. This form often began insidiously, from obscure exciting causes. In unconscious inebriety, the patient never clearly comprehended that he was an inebriate, and made but short and feeble efforts to recover. Well marked lesions, both physical and intellectual, were apparent, with a decided tendency to merge into mania or paralysis; the victim was filled with delusions, especially of self-control and inherent strength. In such cases both sides of the brain were involved, and both structural and functional degeneration were present. Inter current disease came on rapidly, with various complications. Next were described the signs of inherited inebriety, among which were strange delusions as to the value of food. Among the curious characteristics of this unconscious inebriety were the tendency of the inebriate to seek sudden wealth by new and strange methods, reasoning on the problems of science and mysteries of life in an erratic, confused way. The class of men afflicted with this type of inebriety frequently included leaders of society and politics, often occupying prominent places in the business world, and often agitators of religion, science, etc. Such cases were always on the border of both insanity and inebriety, and sooner or later, some unknown factor determined which would predominate. Unless insanity or acute disease was developed first, inebriety was always a sequence.

Dr. N. S. Davis, of Chicago, then read a paper on "The Principles that Should Govern us in the Treatment of Inebriates, and the Institutions Needed to Aid in their Restoration." In opening, Dr. Davis referred to the fact that all the opposition they (the physicians) had encountered from moralists and Christians, and most of the controversies which had sprung up concerning the treatment of inebriates, and the value of inebriate asylums, had arisen from the confounding of causes and effects. In other words, the habit of using intoxicants and the effects of such intoxicants, had both been included in the single word inebriety. One class talked of inebriety as a vice; the other class called it a disease; and hence the controversy between them. Yet both were correct so far as regarded the leading idea in the mind, and both incorrect in so far as they use the same word to convey different ideas. That the voluntary act of taking intoxicants sufficient to produce inebriety was a vice for which the individual was morally responsible, probably none would deny. That the condition of the brain, nerves, and blood, which constituted inebriety, was a morbid or diseased condition of those parts, was equally plain. The vice should be corrected by mental and moral influences. The effects of such intoxicants on the human system should be medically treated as other diseases are treated. He could not approve of the general term of inherited drunkenness. A child of an inebriate would not necessarily become an inebriate himself. The fact of his father or mother having been an inebriate simply made him more liable, but did not compel him, to become an inebriate. Instead of inherited inebriety, the phrase "Predisposition to Inebriety," should rather be used. His own experience, extending over a period of forty years, had induced him to believe that even the hereditary predisposition to inebriety had been greatly overestimated. The fact that many children, even in their infancy, were taught to use intoxicating drinks, was often overlooked, and the children were said to have inherited drunkenness without strict foundations for the conclusion. After speaking of the origin of intoxicants, and their use among all nations and tribes, Dr. Davis said that all could be resolved in the proposition that the use of anæsthetic and intoxicating agents was founded primarily on simple experience, and not on any innate or natural instinct belonging to the human race; the only instinct involved in the matter being a desire for relief from unpleasant impressions, or the enjoyment of pleasant ones.

Dr. Davis then spoke of the principles that should govern in the management of cases of inebriety. He spoke of, 1. The necessity of removing the inebriate from the further direct use of alcohol. 2. To subject him to such intellectual and moral influences as would fully enlighten his mind in regard to the effects of alcohol on the human system, and arouse his moral faculties and conscience to a more active appreciation of his duties and responsibilities toward himself, his fellow men, and his God. 3. To secure for him such hygienic treatment as the morbid conditions of his mental and physical system may need.

After describing the second class of drinkers as those who have actually become so far addicted to the use of intoxicants as to have become more or less frequently intoxicated, but who are yet capable of exercising much self-control, and possessed of an honest desire to be free from their vicious habit, and the third class, as confirmed drinkers, and describing the character of institutions suitable for the second class, Dr. Davis spoke specially of the institutions suitable for the two sections of the third class, or confirmed drinkers. For the benefit of one section, those who could pay for it, institutions similar to those now existing at various places should be provided. For the other section of this class, he said, there should be institutions established and maintained under State or municipal authority, and, in addition to the means of intellectual, moral, social, and medical treatment belonging to the first section of institutions for confirmed drunkards, they should have regular, systematic, and useful work provided for all the inmates. Admission to these should be through legal process, with legal authority to detain the inmates for a sufficient length of time to admit of thorough renovation and recovery. Our whole system of police management of drunkenness should be changed. Instead of repeated arrests, petty

fines, and thirty, sixty, or ninety day sentences to Bridewell, in direct contact with criminals, which all past experience had shown only aggravated the evils, the law should provide for having complaints against all of this class lodged with the judge of the county, or other court of record, and such judge should be authorized, on the certificate or testimony of two competent and well-known physicians, to commit the party to an asylum, such as above described, for a term of not less than one or more than five years, unless sooner discharged for good conduct and full recovery, by the superintendent in charge of the institution. Under such a system of management this class of institutions could be made very nearly, or quite, self-supporting, and a very large proportion of those brought under their influence permanently restored to health and good citizenship. Such a system would place the legal relations and personal liberty of the confined inebriate on the same level with the insane, with institutions specially adapted to effect his reformation.

Other papers were read, and very interesting discussions followed. The President's address, on "The Disease of Inebriety," was very able and learned. These papers will doubtless all appear in full, in the organ of the Association, viz., the Quarterly Journal of Inebriety, of Hartford, Conn.

After electing the following officers, they adjourned, to meet in Boston, Mass., September 10th, 1878:—

President—T. L. Mason, M.D.

Vice-Presidents—Albert Day, M.D., Boston; T. E. Everts, M.D., Rushford, Minn.; N. S. Davis, M.D., Chicago; M. B. Comings, New Britain, Conn.; Prof. D. Wilkins, Chicago; and Hon. Otis Clapp, Boston.

Secretary and Treasurer—T. D. Crothers, M.D., Hartford, Conn.

Foreign Corresponding Secretary—Joseph Parrish, M.D., Burlington, N. J.

Editorial Department.

Periscope.

Raw Beef in Splenic Enlargement.

Dr. E. R. Tenison gives the following case in the *British Medical Journal*. Mrs. S., aged 31, married, has had two children. The last was born four years since (1873). The labor was premature, and was followed by very severe hemorrhage, from the weakening effects of which, however, she quickly recovered. Her health continued good till June, 1876, when, without any cause, as it seemed to her, her appetite failed; and, when she forced herself to eat, frequent vomiting took place. Sometimes the symptoms improved, and she felt better for a week or ten days at a time; but she never altogether lost the feeling of nausea, and disgust for food. In January of the present year she grew rapidly worse. She was unable to take food, save in very small quantities, and the attacks of vomiting were longer, and produced great prostration. On being sent for, I found her much reduced, and the heart's impulse very weak; the pulse feeble, 90, rising to 130 on the slightest exertion; the surface quite pallid; the tongue, inside of the lips, and the gums, pale and bloodless. Raising the head from the pillow produced faintness and singing in the ears. Vomiting occurred every time food was taken. No hemorrhage had taken place, nor was leucorrhœa present. The spleen was much enlarged, but no pain was felt in the region occupied by that viscus. The bowels were torpid. The urine was natural. There was no œdema or symptom of dropsy. The lungs were healthy. Everything in the shape of drugs and food usual in such cases having been tried, I recommended raw beef, passed three times through a mincing machine, to be given from time to time, in very small quantities, mixed in a little beef-tea. From the first day this treatment was tried a gradual improvement took place. In a week she could take milk and egg, and bore well the iron tonics prescribed for her. In a month she was able to leave her room, and gradually grew stronger till, in June last, she went for a six months' residence on the South Coast.

There was no history to this case. The patient had always been healthy; was born and lived, till her marriage, on a highly-elevated, well-drained part of the Midland region. She never had ague, and never lived in a place where malaria was known to exist.

Hereditary Syphilitic Deafness.

Dr. H. M. Jones says, in the *Press and Circular:* I have referred to the large number of cases of deafness which are due to inherited syphilis. I have also briefly alluded to the other characteristics which enable us to detect the syphilitic taint. I have remarked that in many of the patients there is no abnormal appearance of the membrane which can be looked on as pathognomonic. In several others I have seen the membrane dull and thickened, it has lost its transparency, is rather of a gray color, and inflates with a dry click. I believe, however, that it is *impossible* to define any typical appearance in this affection, in which I

regret to say that treatment has, with me, proved of little avail. If taken in the early stages, or when the symptoms first manifest themselves, much may be done by a rapid mercurialization (inunction), followed by iodide of potassium internally, at the same time that the Eustachian tube is attended to and the tympanum kept free by warm iodide of potassium injections. But when a case comes with extreme deafness (both with the watch and tuning fork), and presenting the characteristic teeth of Hutchinson, and bearing the proofs of an attack of interstitial keratitis, either remote or recent, I have never had a good result from *any treatment*.

Teaching of Therapeutics.

Dr. Charles Phillips, in his introductory lecture on Materia Medica at the Westminister Hospital, London, dwelt upon the anomalous position it held in the curriculum of the various examining bodies, also the grave error in uniting in one course two separate and distinct parts or subjects, the "materials" and the "therapeutics." The former is well placed at the beginning of the student's career; the latter should be concomitant with the lectures on surgery and medicine and practice in the wards. This would enable the student to verify the action of drugs, and educate him to prescribe with success. The great attention which has been applied to physiology and pathology on the part of the principal teachers of the metropolitan schools has, it is said, acted to the detriment of therapeutics, and led to much skepticism in the action of drugs, and to nihilism. All teachers of materia medica have become deeply impressed with the injuriousness of the present system, and its condemnation has had their unanimous approval. Dr. Harvey, of Aberdeen, Dr. Farquharson, of London, the late Dr. Parkes and others, have either pressed the matter upon public notice, or expressed themselves in its favor. The Cambridge University has (March 1877) introduced this necessary change in the curriculum, an example which it is to be hoped will soon be followed by the other authorities.

Local and Preventive Treatment of Puerperal Fever.

Dr. Fritsch, considering that this state is due to the introduction of septic matter, which acquires its specific character from the particular state of the genital organs at this period, recommends the systematic adoption of antiseptic measures.

His object is not only to prevent infection by the hand of the accoucheur or midwife, but also to arrest the products of decomposition which may develop in the uterus itself. The prophylactic measures recommended by Dr. Fritsch are thus given by *Le Bulletin de Therapeutique*. Before making an examination the hands must be well washed with soap, the nails well brushed in a solution of phenic acid, in the proportion of 30 grammes of the acid, 3 grammes of glycerine, to one litre of water. All instruments should be disinfected with phenic oil. The patient should be prepared, if possible, by a sitz bath, the vulva and perineum carefully washed with soap, and the vagina laved with a phenic solution. After confinement, particular attention should be paid to the flow of the lochia, and in the ordinary position of the patient there is danger of its accumulating at one point, before its discharge. To avoid such complications, Dr. Fritsch injects a solution of phenic acid (two parts to a 100), at a temperature of 31 degrees, by means of an irrigator, containing at least a litre of fluid, so that it comes out at last colorless. Fritsch, for this injection, uses a silver catheter, 30 centimetres long and 6 centimetres in circumference, with a curvature a little greater than that of the forceps. This irrigation is performed three times a day, at six, one, and nine o'clock, while the vagina is washed every three hours, by the nurse. The greatest care must be bestowed on every patient, but the irrigation need only be performed after an operation, especially in cases where the fœtus was dead or decomposed, after the injection of perchloride of iron, after clots, and in cases of a feverish condition of several days' duration. The advantages claimed for this method of treatment are—the vulvary orifice soon ceases to be painful, any œdema rapidly disappears, all wounds heal without the formation of a granular surface, the quantity of the lochial discharge diminishes rapidly, the uterus contracts more quickly, and the temperature falls with greater rapidity.

The Influence of Music on the Physical and Moral Nature.

The *Lancet* states that the Académie des Sciences Morales et Politiques received, at its sitting on July 18th, a memoir by M. J. Rambosson, on the "Specification of the Different Influences of Music on the Physical and Moral Nature." M. Rambosson attempts a new application of the theory of the transformation of mechanical movement into psychological and psychical movement, with a view to employing music as a means of curing or mollifying the maladies of body and mind. He passes in review some of the affections on which we can act by means of music, and he tries to explain this action scientifically, as well as the general influence of music on the development and functional play of the moral and intellectual faculties, and on the physiological state of individuals. This general influence may be decomposed into specific influences, and M. Rambosson, by means of this specification, arrives at the following results:—There is, first, a music which acts specially on the intelligence and on the motor nerves; secondly, a music which acts specially on the nerves of sensibility and on the sentiments; thirdly, a music which acts all at once on the motor nerves and on the

sensitive nerves, on the intelligence and on the sentiments; this, in general, is the action which most frequently occurs. M. Rambosson, besides, believes he has discovered, between the effects of music and those of the aliments which modify the nervous system, such analogies that the laws which regulate the one and the other might be formulated in the same terms. We might, according to him, establish a method, in hygiene, in medicine and the moral sphere, of profiting by these specific influences, above all, in the treatment of mental maladies and nervous affections, making allowance, of course, for individual idiosyncrasies. In short, he considers music as an agent at once psychical, phrenological, and therapeutic, capable of performing a considerable part in the phenomena of life, and the employment of which would be susceptible of application according to precise rules based upon scientific principles.

Infecting Chancre.

Dr. Cadell read a paper on the varieties of infecting chancre, before the Edinburgh Medical Society, recently. After defining the term infecting chancre, and criticising Mr. Hutchinson's statement that "dualism was dead," Dr. Cadell went on to give the varieties of infecting chancre. These were: 1. The true Hunterian chancre, with its hard edges and cup-shapen cavity. 2. A nodule, with an erosion, or only desquamating. 3. Ricord's parchment induration. 4. Multiple herpetiform eruptions. In all these there were induration, long incubation, scanty secretion, and general adenitis, followed by constitutional syphilis. Dr. John Duncan believed that the typical form of syphilis was a circular neoplasm, modified by the tissues in which it might come about. Thus, in the skin the manifestation was a circular papule. Here, again, it was modified by locality, by intermingling with external irritants, by the constitutional condition of the recipient of the poison, and so on. Applying these general observations, it might be said that syphilis was a single poison, and its first manifestation had a typical form modified by locality, viz., a circular papule modified into the shape of the Hunterian chancre in some cases, the desquamating nodule in others, or the chancroid erosion of Ricord when in mucous membrane. It was also modified by admixture with other poisons, viz., in the unhealthy constitution of those in whom it occurred. Indeed, it might be so modified that the type was not recognizable, as in phagedæna, although followed by constitutional disease. Unfortunately, there was one modification, causing a difference of opinion, arising from a difference in word, in fact, and in the interpretation of fact. The dispute as to fact was from the occurrence of the soft chancre, *i.e.*, a sore of a purulent character, immediate development, and power of auto-inoculation.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Catalogue of the Alumni of the Medical Department of the University of Pennsylvania, 1765–1877. Published by the Society of the Alumni of the Medical Department. The complete catalogue of *all* the graduates of the Medical Department of the University of Pennsylvania, is *completed* and ready for sale. $1 each. Can be had of Dr. Horace Y. Evans, N. E. cor. Seventeenth and Green sts.

——Catalogue. Auction sale of coins and medals, October 25th and 26th, at Messrs Bangs & Co., New York. Catalogued by S. K. Horzfeld, of Philadelphia.

BOOK NOTICES.

Practical Hints on the Selection and Use of the Microscope. Intended for Beginners. By John Phin, editor of the *American Journal of Microscopy*. Second Edition. The industrial Publication Company, New York.

This excellent book treats of the following subjects:—"The Microscope, What it Is, and What it Does," etc.; "Simple Microscopes and Compound Microscopes;" "Objectives;" "Testing Objectives;" "Selection of a Microscope for Practical Purposes;" "Accessory Apparatus;" "Illumination;" "Illumination of Opaque and of Transparent Objects;" "How to Use the Microscope;" "Collecting Objects;" "The Preparation and Examination of Objects;" "Preservative Processes;" "Apparatus for Mounting Objects;" "Cements and Varnishes;" "Mounting Objects;" and finally, "Finishing the Slides."

Corpulence Treated without Starvation; or, How to Get Lean. By M. M. Griffith, M.D., Parsons, Luzerne county, Pa. Second edition, 50 cents.

The author of this interesting little book does not claim originality, but he has most certainly made a careful and thorough compilation, and it will be found a scientific guide to those in search of relief from the troubles of obesity. It is a subject upon which not only young but many old physicians are profoundly ignorant. Excessive fatness is quite often more than simple inconvenience; it is a diseased condition, rather than an excess of good health. We earnestly recommend a careful perusal of this valuable little book by the profession generally. We shall not go into an explanation of the author's theory, and details of treatment, recommending the curious reader to invest the moderate sum required for the book in its purchase.

THE

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PREMIUMS AND INDUCEMENTS.

From and after the first of October we are offering to all *new subscribers* the Reporter for *fifteen* months (October 1, 1877, to January 1, 1879) for *five dollars*, one year's subscription price.

That our old subscribers may also receive an equally liberal offer, we make them the following proposition.—

Any old subscriber who will send us one new subscriber to the Reporter, remitting ten dollars to cover the two subscriptions, will receive the Physician's Daily Pocket Record for 1878, or the Half-Yearly Compendium for 1878, *gratis*, as he may prefer.

Any old subscriber who will send us a new subscriber to both Reporter and Compendium, remitting twelve dollars to cover both subscriptions, will receive a copy of either *Napheys' Medical Therapeutics*, or *Napheys' Surgical Therapeutics*, as he may prefer.

THE LAROS CASE AGAIN.

In the Reporter, of September 9th, 1876, an account is given of the trial of Allen C. Laros for the murder of his father by arsenic. The after history of the case is, if possible, of even greater interest. The verdict of the jury was murder in the first degree. Mere mention need be made of the more than ordinary attempts of ingenious counsel to prevent the consequences of the verdict: a motion for a new trial, with exceptions in abundance; pleas in bar of sentence, for various causes; an appeal to the Supreme Court; all followed in rapid succession; and finally an application for a commission of lunacy was made. This brings us to the mental condition of the prisoner—the real item of interest to the profession.

The "spells," which, upon the opinion of Drs. Curwen and Green, were decided by the jury not to be epileptic, were heard of but little by the public during the law's delay; there is testimony to the fact that he had them two or three times a week, "always of the nocturnal variety." The time for the execution was fixed for the 10th of September. Early in August it was reported that these convulsive attacks were greatly increased in force and frequency, and that the man had become wholly idiotic. At the August meeting of the County Medical Society, the jail physician, Dr. A. Seip, extended an invitation to the members to visit the prisoner whenever convenient. The members being anxious to know of his true condition, quite a discussion followed this invitation, which develops the following: Dr. Seip believed that his patient was subject to genuine epilepsy, of a typical character; he had attempted to give bromides but the prisoner would not take them, and he desisted, and was using no treatment whatever. His convulsions had increased so that he had had as many as twenty-eight in one day. There had been hemorrhages, from the mouth and nose, and once certainly from the ears, which had been so very profuse that the blood had to be mopped.

The man was apparently deaf, spoke only one or two sentences, did not eat anything unless it was placed up to his mouth, when he would seize it and devour it voraciously. As a result of the invitation, a committee of seven were appointed to visit and report. The committee made two visits, extending over several hours each, but were divided in their opinion. Five, in their report, essentially say that the disease is not proven, and that without additional tests they could not give an opinion. The ether test, as described by Keen, Mitchell and Morehouse, *American Journal of Medical Sciences*, October, 1864, to give which they had not the authority, and which had not as yet been tried upon the prisoner, was especially desired. The minority of the committee, in their report, insist both on the epilepsy and insanity of Laros; condemn the majority of the committee for hasty action in arriving at a conclusion (which was hardly a conclusion) after only two visits, and review the ether test, pronouncing it unsatisfactory.

In the meantime, upon affidavit of the jail physician, the Court appointed a commission in lunacy, which finally consisted of Drs. Wm. Pepper, of the University of Pennsylvania, S. Preston Jones, of the Insane Department of the Pennsylvania Hospital, "Kirkbride's," and George Ross, Esq., of Bucks county. By the time the commission was ready, a reprieve was necessary, the day of execution being postponed until the 22d of October. The character of the disease changed somewhat, the convulsions grew less frequent, the patient regained his hearing and his speech, although the method of his conversation was rather childish. This change took place as a change in the disease, uninterrupted by drugs. The commission made a visit on September 24th, when they viewed the prisoner, saw one convulsion, and spent the rest of the time in taking evidence. On the night of the 6th of October the medical part of the commission made another visit, witnessed another convulsion, during which they administered ether, and took some more testimony. On the 18th of October they report to the Court that, in their opinion, the man is both epileptic and insane. Reporting "their unanimous and deliberate conclusion to be that the prisoner, Laros, is an insane epileptic, the subject of an aggravated form of epilepsy in an advanced stage, almost entirely devoid of memory and intelligence, and therefore he is of unsound mind, and unfit for penal discipline."

As a result, the Court orderd the prisoner to be sent to the Harrisburg Asylum. The papers were sent to the Governor, and as this was the first case presented to him under this law, he revoked the warrant, so that, if ever cured, a new warrant of execution will have to be issued.

A few extracts from the report and testimony are of sufficient interest to be copied.

"The general nature of these attacks was further shown by the extreme pallor of the face which immediately preceded them, in at least some instances; by the immovable condition of the pupils; . . . by hemorrhages of the mouth, nose and neck, rarely from the ears, without it being possible for the prisoner to inflict any wound to cause such hemorrhages; by involuntary discharge of urine and fæces."

At the time of the second visit, pulse 84, breathing regular. When asleep, pulse rate the same; eyes rolled up; pupils small, a convulsion occurring. "The pulse ran up quickly to 110, quick and small; the breathing was but little accelerated; the face grew pale, and in a few seconds he unconsciously turned suddenly and violently on the broad of his back, and instantly terrific general clonic spasms appeared. . . . The conjunctiva was utterly insensible, as shown by drawing the finger nail across the eye and pouring pure whisky in it [this latter was done, however, while the ether was being administered]. . . . As soon as possible (after the diminution of the convulsive movements) ether was freely administered, on a towel. After inhaling more than two ounces, deep anæsthetic stupor appeared, without the intervention of the slightest stage of excitement. . . . . The ether was then removed, and in a few minutes he came to, raised himself to a sitting posture and mumbled a few inarticulate sounds."

He then went to sleep, but could be roused. The report concludes with: "there is nothing in his conduct or his speech that would support the theory that he is feigning imbecility."

From the testimony of Dr. I. Ott: "After the fit the pupils contracted upon the appearance of a coal-oil light. . . . His face did not turn paler just before the coming fit, but immediately at the end of the fit; ammonia made him cough; no small capillary hemorrhages under the skin of his forehead; convulsions began in the right hand and foot; were afterward coördinate and symmetrical. . . . . Before he entered a fit, breathing 32, pulse 84; after a fit, a few minutes, breathing regular, 48, pulse 94."

From the testimony of Dr. Green: "Within a few weeks I found him looking as well, I thought, as last year. . . . I think it was a simulated attack; I think he did too much."

The testimony of the other medical gentlemen is fairly represented by the quotation from the report. This furnishes another chapter in the history of a grave crime. We shall look with interest for an account of his asylum life.

Notes and Comments.

What is "Dialysed" Iron?

In reply to this question we give the following brief account from a contemporary:—

"Dialysed iron is a solution of hydrate of iron in water, obtained by dialysis. On the Continent, where dialysed iron is used to a much greater extent than it is here (and whence indeed the use of it has been imported), the solution is made of a strength which corresponds to 5 per cent. of peroxide of iron (F_2O_3). To prepare it, recently precipitated and well-washed hydrate of iron is dissolved in a solution of perchloride of iron. The liquid is then placed in a dialyser—a cylindrical vessel, the bottom of which consists of parchment paper—and this in turn is placed in a larger vessel containing water. The parchment paper septum permits the passsge through it of the perchloride of iron, but not of the hydrate of iron which it holds in solution, or only to a very small degree. After some time, the water in the outer vessel being occasionally renewed, the liquor in the dialyser is found to be free from all but traces of chloride, and, the strength of it having been adjusted, is then known as dialysed iron. It is a clear liquid, of a brownish red color, and slightly styptic taste; it should be preserved in closed vessels in a cool dark place. The process is based on some results of Graham's researches on the diffusion of liquids."

To this we may add that, having prescribed Wyeth's dialysed iron in a number of cases this summer, we have been extremely well satisfied with it. It is neutral, tasteless, and well borne in many cases where other forms disagree.

The "Lancet" on Sermons.

The editor of the London *Lancet* must have been taken to church against his will more often than usual, of late, as he gives vent to his pent-up feelings in the following style:—

"A sermon which is not a conglomeration of florid twaddle is a relief. A sermon which breaks away from dogma and mysticism to deal with matter-of-fact morality is really welcome. A sermon which contains more sense than sentiment is so great a rarity that the preacher of it may look forward to the unusual distinction of being able to address a congregation in which the predominating element may be people of education and of the masculine gender."

Drainage of the Eye.

In an extremely well written thesis by Mme. Ribard, a method of treatment is studied, which is, as yet, little known, and which promises to give good results in a class of cases hitherto little amenable to treatment. It is the treatment of detached retina and other deep-seated disease of the eye by "drainage," that is, by the introduction of a fine gold or silver thread, which evacuates the collection of fluid, and, while *in situ*, relieves the intra-ocular pressure. The cases are very scientifically observed and accurately stated, and some of the results are of a very encouraging nature. The *brochure* has been much read and quoted, and has been very favorably reviewed.

Charcoal for Offensive Breath.

A correspondent of the *Dental Cosmos* says that the best treatment in regard to offensive breath is the use of pulverized charcoal, two or three tablespoonfuls per week, taken in a glass of water before retiring for the night.

Composition of Secret Remedies.

Professor Richter states that, among nine hundred and thirty-eight secret remedies analyzed by him, he found (1) 22 per cent. contained substances of violent or poisonous action; and (2) 25 per cent. which, although less active, yet were possessed of medicinal power; while (3) 52 per cent. were of no importance, or quite inoffensive. The first category, especially, comprises violent and poisonous agents for the skin and hair; opiates for children, capable of inducing chronic cerebral disease, or even death; "purifiers of the blood," composed of arsenic or mercury; and a whole legion of violent purgatives, capable of doing, in inappropriate cases, an immense amount of mischief. The third category comprises preparations which have nothing in common with the noxious and poisonous effects produced by those of the first and second, but yet agree with them in being sold at from five to a hundred times their proper value, and thus constituting robberies. All these attacks on the public health and morals take place with the full cognizance of the public authorities.

Tippling and Nursing.

M. Anarien, in the *Archives de Tocologie*, reports two cases in which children, at the breast of apparently healthy and well-to do nurses, were suffering from convulsions, and in which the children were saved by depriving the nurses of alcoholic potations, in which they were found to be freely indulging. It is a pernicious delusion of nursing mothers and wet-nurses, that, when suckling infants, they require to be "kept up" by alcoholic liquors; and women who are little given to alcohol at other times, become, for the nonce, determined tipplers; this being, perhaps, of all other times, that when alcohol is likely to do most harm and least good.

Simple Mode of Relief for Foreign Bodies in the Throat.

A British naval surgeon, Dr. Beveridge, states that for foreign bodies in the throat, such as pieces of meat, etc., a simple mode of relief is to blow forcibly into the ear. This excites powerful reflex action, during which the foreign body is expelled from the trachea. The plan is so easy of execution that, if there is anything in it, it ought to be generally known and applied.

A Wise Law Concerning Prescriptions.

The proposition is on foot in Germany to institute a law forbidding druggists to make up any prescription containing strong remedies—as drastics, emmenagogues, sedatives, etc.—unless the prescription is again countersigned by the medical man who originally gave it. This is as it should be, except that it ought to extend to all prescriptions. Neither the patient nor the druggist has any more right to use them for his own benefit than he has to use other private manuscript matter. It would be interesting to see a test case decided by the courts.

Symptoms of Copper Poisoning, Produced by Earrings.

Two young girls in Paris suffered from blepharitis, and one of them also from an inflammation of the lower part of the left auricle. All the usual remedies proved inefficacious, but both patients quickly recovered after their copper earrings were discarded.

Sclerotic Acid.

This is the last therapeutic novelty. It is said to be the active principle of ergot, and has been isolated by Dragendorff. As yet its price is high, say $20 per ounce; but the dose is small, gr. $\frac{1}{12}$–$\frac{1}{15}$, by hypodermic injection.

Correspondence.

Tincture Digitalis and Veratrum in Hypertrophy of the Heart.

Ed. Med. and Surg. Reporter:—

In 1876, I had occasion, while treating a case of intermittent fever with veratrum viride, to combine tincture digitalis with it, for its diuretic effect. The patient was stout and plethoric, and was subject to palpitation, "shortness of breath," vertigo, and other head symptoms, and not unfrequently pain over the præcordial region. The physical signs were all that was needed to demonstrate a clear case of hypertrophy, and during the attack of intermittent fever the palpitation, heaving of the chest, and contractions of the heart were very violent, so much so that I could see the heaving of his chest some distance from the bed, and it was with difficulty that I could bring his circulation down at all, even with continued and repeated doses of veratrum. After combining the digitalis the fever subsided, but the palpitation and heart symptoms continued (though less severe) after the patient had got rid of the fever. Seeing the good effects of the combination

of veratrum and digitalis on the heart symptoms during the fever, and thinking that the prime cause of hypertrophy was overwork, and that the indications were to relieve the overworked organ, to subdue the heightened circulation and bring it down to a more natural standpoint, and, if possible, to maintain it there, I therefore put him on eight drops of tincture digitalis and three to five drops of tincture veratrum viride, to be taken three times a day, and directed him to continue it until some alleviation of his symptoms was effected. I kept him on this treatment for about two weeks, meanwhile closely watching the results; and whenever the palpitation would come on, or when the pulse would begin to rise and become hard and full, I would give the digitalis and veratrum more frequently and more decidedly.

By close attention and sturdy perseverance in this treatment, I was gratified with the good result of curing my patient.

May not the tonic and sedative effects of these medicines upon the cardiac muscles have something to do with the reduction of their hypertrophy? JOHN M. WHITE, M. D.

Pleasant Ridge, Greene county, Ala., September 23d, 1877.

"The Social Evil."

ED. MED. AND SURG. REPORTER:—

Much has been said in your journal in reference to the "social evil," as it is termed, at different times, both editorially and otherwise. The view taken has been the rational one altogether. In its religious bearing I have seen nothing. I think all evangelical religious denominations differ but little upon one point, that is, that religion is of the heart, and not of the head; that we believe with the heart through faith, and not with the powers of reason. This, then, being the channel through which we should view this question, instead of through our intellectual powers, we find that the Divine injunction is so repeatedly against fornication and adultery, given by the Holy Spirit's operation upon the hearts of good men of old, and left on Holy Record for our instruction, that the true believer cannot make any compromise with this evil whatever; for that which is so plainly set forth in the sacred volume as being so much against the Divine will, and on account of which much of the judgments of the Almighty have come upon man, it appears to me should not be tolerated in any way, provided the strong arm of the law were able to cope with it. Let the fornicator and adulterer, whether male or female, be hunted down as perseveringly as other malefactors are. Would it not be better for the world, and, I might say, better for herself, if the public woman were kept in the prison cell or workhouse all her lifetime, than to let her run at large and ply her dreadful vocation? It is enough to make a parent shudder to think of sending his son, who is just rising into manhood, to engage in business in our large cities, on account of this social evil being tolerated by our city governments. To legalize it in the manner set forth at different times in your journal makes it a branch of business of a town, and on a level with other branches of business: and possibly the time may come, if this be allowed, when the proprietors of houses may advertise in our daily papers the quality of the article they have for "trade." Who is prepared for this?

The toleration of this evil is producing an unhealthy state of society in our large cities. The sacredness of the marriage contract is being interfered with by it, and celibacy is at a premium with the male sex, on account of it. Legalizing it must largely increase these wrongs. I think the true course, not only for your journal but for all others, would be to press upon our city governments, earnestly and repeatedly, to make stringent laws to rid the town of these female pests to society. If this could be brought about, the "bachelor" would not be so much of an "institution," but young families would rise up instead, under influences which would bring about a more healthy, a more moral, and a more religious state of society. W. L. MARTIN, M.D.

Rancocas, N. J., October, 1877.

[The religious aspects of this question should not be overlooked, but should be regarded in the light of unquestionable facts. When it has been shown that legal restrictions lessen the evil, and shear it of some of its worst features, and when efforts at absolute prohibition have invariably failed, the part of the religious man is to accept the facts as they are. We prefer that course which will diminish to the utmost their noxious effects.—ED. REPORTER.]

NEWS AND MISCELLANY.

The Sanitarium at Point Airy.

Several months ago the Philadelphia and Reading Railroad granted to a society, known as the Sanitarium for Sick Children, the use of the southern portion of Windmill Island, containing over three acres of ground. Upon this site a large frame building was erected, which contains a ward, office, and other apartments.

During the period from August 6 to September 27 there were admitted to the island—9699 persons. 3544 were adults; 3731 infants in arms; 1157 children under five years of age; 799 under ten years, and 468 over ten years. The average cost of maintenance has been less than nine cents each. It is the desire of the managers to enlarge the structure, and to erect several small cottages for the coming season, and to enclose the grounds, so as to prevent accidents to the many children who will visit the retreat during next summer. During the past season a nourishing diet was furnished to the children and their parents who

accompanied them to the island. The results thus obtained were very satisfactory, as all were benefited, while many lives were saved.

The Coronership.

Dr. W. Kent Gilbert, Democratic Coroner-elect of this city, is a son of the late Dr. David Gilbert. He graduated in medicine in Philadelphia, afterward became resident physician of the Philadelphia Hospital, has been practicing medicine in one locality for twenty-four years, is a member of the College of Physicians, Academy of Natural Sciences, Historical Society of Pennsylvania, and Philadelphia Medical Society. He is also consulting physician of the hospital committee of the Philadelphia Hospital. He has, for many years, been taking an active part in politics.

It is a great satisfaction to see competent medical men appointed to this office. We are informed that the present efficient incumbent, Dr. K. Goddard, has made a valuable collection of medico-legal cases from his ample experience, and contemplates giving them to the profession before long. We trust he will do so, as the importance of such carefully made original studies can hardly be over-estimated.

Pensacola Quarantine Ended.

WASHINGTON, Nov. 9.—A dispatch received here to-day from Pensacola, Florida, says:—In view of the entire exemption from sickness, and the cool weather, the quarantine at that point has been abolished for the season.

Personal.

—Dr. Philip Lansdale, United States Navy, late fleet surgeon of the Mediterranean squadron, arrived in New York city with his family on Wednesday last. He has been abroad three years, spending the greater part of his time in Italy and France.

—Professor C. A. Wunderlich, of the University of Leipzig, died in that city September 25th, at sixty-two years of age, of cancer of the retro-peritoneal glands. He was the author of a well known work on *Medical Thermometry*, and editor of the *Archiv für Physiologische Heilkunde*.

—Dr. Alfred S. Taylor has resigned the office of Lecturer on Medical Jurisprudence and Toxicology in Guy's Hospital. This appointment was conferred on him by the treasurer and governors of the hospital in March, 1831. He has, therefore, held it continuously for the long period of forty-six years. Dr. Taylor held, also, the office of Lecturer on Chemistry, from 1832 to 1870, a period of thirty-eight years.

—Dr. Matthews Duncan has left Edinburgh to settle in London, having been elected to the office of Obstetric Physician at St. Bartholomew's Hospital, on the resignation of Dr. Greenhalgh.

Items.

—Three of the greatest hospitals and schools in London have abandoned the practice of giving introductory addresses, and have substituted in their place evening meetings of a social character, such as dinners and *conversazioni*.

—An epidemic of typhoid, affecting twenty families, in the west end of Edinburgh, and already fatal to several persons, is traced, by Dr. Littlejohn, to a dairy, in which a person was suffering from the fever.

—The Russian semi-official journals state that the total losses of Russia in killed and wounded from the beginning of the war to the 11th of October have been 59,434.

—The famous tourist agents, Cook & Son, of London, Geneva, Philadelphia, New York, etc., are opening an establishment at Luxor, in Upper Egypt, for the special purpose of providing accommodation for invalids, for whom hitherto there has been no accommodation in that region beyond that to be obtained on board the "dahabeahs." Arrangements are being made with a European medical man to reside in the establishment during the whole of the winter. The invalids will be conveyed by the Nile steamers, each of which has a surgeon on board.

MARRIAGES.

BUGBEE—REED.—In Lower Waterford, Vermont, October 17th, by Rev. M. H. Wells, A. G. Bugbee, M.D., and Nancy Reed, both of Derby Line.

CLANCEY—SADD.—On Wednesday, October 17th, 1877, at the residence of the bride's parents, Cedar Lawn, by the Rev. Dr. Ridgeway, assisted by the Rev. D. W. Rhodes, Dr. D. W. Clancey, of Cincinnati, and Laura Theresa, second daughter of G. F. Sadd, of College Hill.

HILLHOUSE—DICKINSON.—In New York, on Wednesday, October 31st, at the Church of the Transfiguration, by Rev. William Rudder, D.D., assisted by the Rector, Rev. Dr. Houghton, John T. W. Hillhouse, M.D., and Mary L., daughter of the late John Dickinson.

MILES—COLTER.—On Thursday, October 11th, 1877, at the residence of the bride's parents, by the Rev. Dr. F. S. Hoyt, assisted by the Rev. Earl Cranston, Dr. A. J. Miles and Martha, eldest daughter of Aaron A. Colter, Esq.

PIKE—KENNEY.—On Monday, October 29th, 1877, at the residence of the bride's parents by Rev. George C. Athole, Rector of the Church of the Holy Innocents, William S. Pike and Adelaide E., daughter of Dr. T. R. and E. S. Kenney, of New York.

DEATHS.

BATES.—Suddenly, in New York, on Sunday, November 4th, Minnie, wife of W. H. Bates, M.D., aged 26 years.

BERGHAUS.—On September 20th, in St. Maurice, Switzerland, Julius M. Berghaus, M.D., LL.D., A.M., formerly of New York.

BUDD.—On November 8th, Bern L. Budd, M.D., of New York.

NEWTON.—Suddenly, at Hot Springs, Arkansas, Edgar O. Newton, M.D., resident physician, son of Dr. O. E. and M. B. Newton, of this city, aged 24 years and 7 months.

QUINLEY.—At Morristown, New Jersey, on Monday, October 29th, Dr. William De Hart Quinley.

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C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

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"MARTINSBURG, MO., Aug. 15, 1876.
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DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1082.] PHILADELPHIA, NOV. 24, 1877. [Vol. XXXVII.—No. 21.

Original Department.

Communications.

COMPOUND COMMINUTED FRACTURE OF THE SKULL, WITH EXTENSIVE LOSS OF BONE AND CEREBRAL SUBSTANCE.

BY ISAAC N. SNIVELY, M.D.,

Of Waynesboro, Pa.

Read before the Franklin County Medical Society, October 2d, 1877.

Mr. President:—I will exhibit to this Society, to-day, a case of compound comminuted fracture of the skull in which there was extensive depression of bone, and wounds of the brain and its membranes, in which it was necessary to remove a large quantity of bone, a portion of which was thrust through the membranes into the cerebrum, resulting in considerable loss of brain substance.

This case is interesting as being uncommon, and serving to show the extraordinary resources of the system in surmounting the effects of so grave and frightful an accident with loss of brain structure, yet the patient making an excellent recovery without a weakened state of his intellect.

Cyrus Lincoln Moun, the lad before you, is twelve years of age, the son of a blacksmith in Quincy, Pa. He is of bright intellect, and always enjoyed good health. His parents are likewise healthy. July 11th, 1877, his father found him in an insensible condition, lying in front of his horse in the stable, with his skull crushed in, and in a pool of blood, having been pawed down by his horse, the front shoes of the animal having some human hair and blood adhering. I saw the lad about an hour and a half after he was discovered in this condition. Upon examination I found very extensive scalp wounds, with a compound comminuted fracture of the skull, above the left supra-orbital ridge, which extended upward and outward, across the coronal suture, into the parietal bone. One piece of bone was thrust through the coverings, deep into the brain, through which opening a considerable portion of brain substance escaped. I removed carefully every portion of the fractured bone and other foreign matter, being careful to smooth up the ragged edges of bone. The edges of the scalp were carefully brought together with silk sutures. A compress and bandage were applied, and the head kept wet with cold water and tincture arnica. As the pressure was removed from the brain, consciousness was speedily restored. The pulse being slow and irregular, and reaction tardy, a warm toddy was prescribed. All noise was forbidden about the house, and a bridge near by, over which there was a good deal of travel, was covered with ground bark. Previous to this the patient was much disturbed when a carriage or wagon would roll over the structure. His apartment was darkened. After reaction was established, a full anodyne was administered. There being no inclination for food, none was given the first day. The water applied to the head was increased in coldness, in proportion to the degree of heat. The pupils were natural.

July 12th, 9 o'clock, A.M. Patient rested well; suffered no nausea; slept two and a half hours at one time during the night; no delirium; rational; somewhat nervous and jerking in his sleep. Pulse 70 per minute. Temperature 101°.

Ordered senna and salts, to have the bowels unloaded. He drank a small quantity of milk and ate a few crackers. He is extremely sensitive to all kinds of noise. A small quantity of brain substance continued to escape since yesterday.

July 13th, 10 A.M. Rested well during the night, on an anodyne. No more brain escapes. Pulse 85. Temperature 101°. Pupils natural. Entirely conscious; bowels have been well opened. He takes some solution of potassæ chloras, with a small quantity of tincture veratrum viride every two hours. Takes very little nourishment. Tongue somewhat coated.

July 14th, 10 A.M. Pulse 79. Temperature 101°. General condition the same.

July 15th, 10 A.M. Pulse 65. Temperature 101°. Pulse full and somewhat irregular. Some suppuration; most of the scalp wound united by first intention; careful pressure is kept up upon the point from whence the brain substance escaped, by a silver plate fastened down with adhesive plaster and compress and bandage.

July 16th, 10 A.M., Pulse 60. Temperature 101°. Less suppuration; patient does not feel so well, but continues rational. Continue same treatment. Dr. Groesbeck, of Baltimore, accompanied me and congratulates us upon getting along so well, and predicts a favorable result.

July 17th, 10 A.M. Pulse 60. Temperature 101°. Comfortable; tongue cleaning; diet simple and moderate, with acidulated drinks.

July 18th, 2 P.M. Pulse 52. Temperature 100½°. New development yesterday afternoon, when he commenced singing, and kept it up ever since at intervals. He almost constantly hums a tune. This reminds me of a similar case I had at the United States Army General Hospital, Beverly, New Jersey, in 1864. A soldier had a large portion of his right parietal bone carried away by a piece of shell, a portion of the brain also having been lost. He also recovered, but for a long time during the treatment in my ward kept up this humming. I find the wound in rather a bad condition today; the lad, whilst asleep, pushed away the silver plate and compress, which caused the wound to gape and the brain to protrude. I pressed the brain in again as well as I could, and replaced the plate and compress with a bandage.

July 19th, 10 A.M. Pulse 52. Temperature 100°. General condition good.

July 20th, 10 A.M. Pulse 56. Temperature 100½°.

July 21st, 2 P.M. Pulse 56. Temperature 100°. Wounds all healed except over the portion where the brain protruded.

July 22d. Pulse 52. Temperature 100°. Still sings, and seems unusually cheerful. Except being in this singing mood, his mind seems entirely rational.

July 23d. Pulse 60. Temperature 100°. Continues doing well.

July 24th. Pulse 60. Temperature 100°.

July 25th. Pulse 65. Temperature 100°. Wound almost healed.

July 27th. Patient able to sit up, and improving rapidly. Has quit his humming.

July 31st. He is able to go about the house.

August 10th. The wound is entirely healed. Case dismissed.

August 17th. Saw the case to-day and found him entirely well, having recovered without any apparent impairment of his intellect.

In fractures of the skull, which are of frequent occurrence, and as a rule are so liable, even in comparatively slight cases, to be followed by the worst consequences, I do not hesitate in saying that, as a rule, physicians are liable to be too conservative, and fearful to explore the injured parts properly, especially when there are symptoms of compression, in which case the scalp should be laid open down to the skull, and sufficient bone removed at the seat of injury to insure safety of the patient from pressure upon the brain. Experience has fully shown that very large portions of the skull can be removed without any untoward consequences.

A PECULIAR CASE OF IRRITATION OF THE NERVOUS SYSTEM, IN A CHILD WHILST TEETHING.

Read before the Allegheny Medical Society, at their last meeting, September 18th, 1877.

BY DR. A. BLUMBERG,

Of Pittsburg, Pa.

On the 8th of last August I was called to see Katie R., aged ten months, living on Thumm street, Fourteenth Ward. Two days previously she was taken sick with choleraic diarrhœa, which attack recurred at intervals. I found the child very restless and irritable; pulse small and rapid, but no fever. Upon examination of the gums, found the upper one red,

swollen, and very sensitive to the touch. I prescribed the following:—

R.	Mag. sulph.,	ʒj
	Tinct. rhei.,	ʒij
	Syr. zingiber.,	ʒj
	Aqua menth.,	ʒix. M.

Sig.—A teaspoonful every three hours.

On the same evening, at ten o'clock, was sent for in great haste, the messenger stating that the child, who during the day had appeared better, had suddenly become cold all over, and was lying unconscious. On my arrival at the house (which was about thirty minutes after the child had been taken with this attack), I found her apparently unconscious; the body rather cool; face, head, and especially the ears, very cold, and rather moist. The temperature in the axilla was normal, the pulse full and regular, about 70. Upon calling her by name she gave no sign of recognition, but stirred slightly when pinched. Patient appeared as if overcome by deep sleep from which she was powerless to awaken. Gave her brandy and hot tea, which she swallowed, but remained in this deep sleep until eleven o'clock; she then commenced slowly to awaken, the coolness of the skin gradually becoming lessened, until it reached its normal temperature, when she showed a desire for nourishment, and seemed to be rather prostrated.

August 9th, A.M. Patient improving; vomiting entirely stopped; diarrhœa reduced to five or six passages in the last twelve hours; temperature 101°. Medicine to be continued. 9.30 P.M. Had another attack, of the same intensity and duration as on the previous evening.

August 10th, A.M. Temperature 101.2°; bowels moved less frequently and of more fecal consistence. Ordered sulphate of quinia, in two-grain doses, every two hours, commencing four hours before the attack comes on. 8.30 P.M. Took another attack, which lasted until 10 P.M.

August 11th, 10 A.M. Had no passage in the last eight hours; temperature 101°. Ordered the quinine to be given in four-grain doses an hour before the attack, which, however, came on at eight o'clock and lasted until midnight.

August 12th, A.M. Bowels still confined. Ordered an enema of tepid water and castor oil; discontinued the quinine, and prescribed oxide of zinc, in half-grain doses, every three hours. At 7.30 P.M. another attack, which lasted until 11 P.M.

August 13th, A.M. The child laughing and playing; bowels still confined. Medicine to be continued, and a teaspoonful of castor oil to be given.

7 P.M. The attack came on whilst the child was playing in her mother's arms, lasting until 9 P.M.

These attacks recurred on the evenings of the 14th and 15th of August, but were of shorter duration and of less intensity.

August 16th, A.M. The child seems to be in usual health; bowels moved once this morning; temperature 98°. The mother, who at my request had examined the child's mouth daily during her sickness, stated that to her great joy, she had found, this morning, the first appearance of the third upper molar. She had no return of the attack that evening, nor has she had any since, and is in perfect health.

The question now arises, To what disorder can these attacks be attributed?

That these periodical spells were connected with dentition at that time is proved, first, by the febrile symptoms present during the day, from the 9th until the 16th. Second, by the disordered condition of the bowels, which generally accompanies teething. Third, the cessation of all these symptoms, on the morning of the 16th, after the molar tooth made its appearance. Taking this into consideration, and the form in which these attacks occurred, we are compelled to look for the cause in some disorder of the nervous system, brought on either by a direct irritation of the centre of the nervous system, or by reflex irritation of some other organ.

The query now is, In what district of the nervous system must we look for the cause of such disturbance?

We know from physiology that the blood vessels are kept in a steady tension (called tonus) by influence of the nervous system, which, according to an experiment by Schiff, was proved to be the function of the nerve sympatheticus. Schiff found, by experimenting on rabbits, that by cutting through the sympathetic nerve on the neck, the corresponding side of the head, face, and more particularly the ears, became flushed and hot, the arteries becoming thereby dilated.

By faradical irritation of the same nerve, the corresponding side of the head, face, and espe-

cially the ears, became cold, the arteries becoming contracted.

I believe, therefore, that in this case of Katie R., the remittent attacks were caused by some irritation of the sympathetic nerve, brought on either by the irritable condition of the brain during the period of teething, or by reflex irritation of some other disordered organ at that time. I have never read of a similar case, and, therefore, deem this of sufficient interest to the profession to bring it to your notice.

Hospital Reports.

NOTES UPON TREATMENT AT THE UNIVERSITY HOSPITAL.

CLINICS OF PROFESSORS PEPPER, WOOD, AND PENROSE.

(Prepared for the Medical and Surgical Reporter.)

Diabetes Insipidus.

The patient had yellow fever at Jamaica, in January last. His convalescence has been complicated by an attack of diabetes insipidus. He passes from twelve to fourteen pints of urine daily, and suffers from giddiness, rapid breathing, and rapid action of the heart. There is also marked anæmia. The urine is light-colored, and contains no albumen and no tube-casts. There is, therefore, no organic disease of the kidneys. The specific gravity is from 1010–1015, but never rises as high as normal. There cannot be found a trace of sugar in the urine. This is not a case of albuminuria, nor of true diabetes, but of simple diuresis. The solid ingredients are about the same in amount as in health, but are divided among a larger quantity of the watery elements. There is, perhaps, a very slight increase of urea and of salines.

The pulse, which is at present pretty thoroughly under the influence of digitalis, is still very small and somewhat irregular. I count fifty-seven beats to the minute, with three intermissions, making in all a pulse of sixty to the minute. The respirations are at the rate of thirty-seven to the minute. This is a proportion very rarely seen between pulse and respirations. The normal proportion is 18–72, instead of 37–60. They generally increase pari passu. In pneumonia, when the respirations are sixty, the pulse is one hundred and twenty to the minute. Here the proportion is about one to one and a half. This pulse, as I have said, is slightly intermittent. Taking all these things together, it looks as if we had some grave disturbance of the circulation and respiration. I cannot, however, discover any valvular murmur, though the first sound of the heart is somewhat weakened. In yellow fever, as you all know, the character of the blood is changed, and there is a great tendency to fatty degeneration of the liver, kidneys and muscle of the heart.

I think we may attribute these symptoms to an innervation of the pneumogastric nerve, and say that the diuresis is the result of nervous causes complicating a convalesence from yellow fever.

As regards treatment we must rely chiefly upon rest, good, nourishing food, and iron and strychnia in large doses. From one-thirtieth up to one-tenth of a grain of strychnia may be administered thrice daily in gradually increasing doses. With the strychnia iron must be joined. If the heart's action be weak and irregular, the patient should be kept upon full doses of digitalis.

The Symptoms of Chronic Lead Poisoning.

This man is suffering from chronic lead poisoning. He has had severe and continued griping pains in the abdomen, a whitish vomit, very protracted constipation, and suffers from great weakness. His vocal cords are slightly affected, and there is quite a noticeable tremor in one arm.

You are, all of you, no doubt, very well acquainted with the usual symptoms of lead poisoning. I want to call your attention very briefly to some of the unusual ones and their treatment. The wrist drop of chronic lead poisoning is caused by the deposition of lead in the terminal filaments of the nerves supplying the extensor muscles of the hand. You see how this man's hand falls when I hold up his arm. I put my hand in his and ask him to squeeze it as hard as he can. He has no power at all in his grasp. But now let me take hold of his wrist with my other hand and give it support; you see that he can grasp my hand tightly enough, in fact too tightly for my comfort. What have I done by grasping his wrist? I have simply taken the part usually performed by the extensor muscles, namely, that of steadying his hand. The lead colic and change in the pitch of the voice are caused by the deposition of lead in the nerves supplying the abdomen and the muscles of phonation.

This chronic state of lead poisoning may irritate the kidneys and develop a slow form of Bright's disease, interstitial nephritis, or it may produce cirrhosis of the liver. Very many cases of lead poisoning are preceded by a causeless dyspepsia with marked cachexia.

The treatment of these conditions is (1) by a saline purgative, such as sulphate of magnesia, which cleans out the stomach and intestines, first throwing down the insoluble sulphate of lead; (2) by iodide of potassium, which reaches and neutralizes the lead already distributed throughout the system; and (3) by galvanism and full doses of strychnia, to tone up the wasted muscles and bring them into play. Where there is very marked wrist drop splints may be used.

Hemiplegia—Its Treatment.

Hemiplegia of cerebral origin depends upon a softening, clot, abscess, tumor, or exudation,

involving some part of the centre of volition, such as the corpora striata, or optic thalami.

This being the case, in most instances we can do nothing at the time when the attack begins. Where the symptoms of acute congestion of the brain are present, such as flushing of the face, which gradually assumes a purplish color, bleeding is indicated. [In former times it was a rule to bleed every case of apoplexy.] Where there is profound exhaustion, however, bleeding does injury, and the patient must be kept quiet, with his feet in a hot mustard bath. Cold may be applied to the head, and sweet spirits of nitre administered. Though perhaps of but little value as remedial agents in such a case, these things must be gone through with to satisfy the friends of the patient that you are doing all you can for him.

It is very evident that you cannot remove the clot if one has been thrown out. This must be left to nature. Iodide of potassium may be given with the hope of hastening its absorption, but you had better put your patient to bed and keep him quiet and comfortable, and wait for nature to do the work of removal. Of course the patient must be kept upon low diet—milk and water is the best—to provide against the danger of cerebritis. If cerebritis supervenes in spite of you, it must be combated with aconite and veratrum viride, revulsives and cardiac sedatives. There will generally be a reaction from the condition of unconsciousness upon the second or third day.

In the course of two or three months, perhaps sooner, it will be time to treat the palsy, for there will always be more or less palsy of the muscles. The clot upon the brain has prevented the action of the muscles, and they are, perhaps, beginning to waste, from long inactivity. Though you could not treat the clot, you can treat the palsied muscles. Perhaps nature has removed the clot by this time, and all that remains to be done is to stimulate and tone up the muscles. So you set to work with electricity and full doses of strychnia. Strychnia may increase the tendency to cerebral inflammation, so it is not to be given until all danger from that source is passed. So with the electricity. Don't begin too soon with it. You begin, say, with electricity and strychnia, and for the first six weeks or so enjoy very plain sailing. The muscle is gradually getting to respond more and more completely to your treatment, and you look forward to a very speedy cure and tell your patient as much, when, suddenly and without any warning, you come to a dead stop. The muscle has, by careful treatment, reached the same point of potential activity that it held before the hemiplegia came on, and responds charmingly to the smallest, weakest current, but you look in vain for any such thing as voluntary motion. The limb is as dead as ever, so far as its subservience to the will is concerned. The fact is that the treatment has brought you up to the seat of injury only to find that the clot still exists unremoved by nature, and that the side of the body is just as much paralyzed as ever. This being the case, never tell your patient that you are going to cure him without a doubt, and that right soon, until the cure is completed, and do not at any time let his hopes of ultimate success run too high. All you can do is to tone up the peripheral system; nature alone can remove the clot.

Strychnia should be administered up to the point of producing muscular action, in doses of from one-thirtieth to one-tenth or even one-fifth of a grain thrice daily. Of course the limit must be reached by gradually making the system accustomed to the drug. As regards the electrical treatment, that current should be employed which causes the least pain and greatest contraction; this will usually turn out to be the faradaic. In every case, as a general rule, the muscular tonicity can be improved in proportion as it has degenerated. In the absence of the above treatment, total muscular rigidity supervenes and puts all curative measures out of the question.

Atrophy of Trapezius.

This man has been under treatment for some weeks past, in the dispensary, for atrophy of the trapezius muscle. He came to us complaining of inability to lift his right arm to his head. Upon examination I find that the transverse fibres of the trapezius upon the right side have greatly wasted. When the right arm is lifted the right scapula projects very abnormally from its usual place. The patient tells me that he thinks that this condition has been gradually growing upon him for a year or so past. Last summer he played base ball a good deal, and supposes that that hastened the weakness. This latter statement seems hardly possible to me.

This might be an instance of acute muscular atrophy, a very rare disease in an adult, but from the fact that so much good has been done by the use of electricity and by the hypodermic injection of strychnia, I am inclined to believe this case to be one of local paralysis, probably of rheumatic nature. The above treatment will be persevered in, and will, I have no doubt, effect a permanent cure, provided, of course, that the palsy is a local one.

Hereditary Tuberculosis.

I bring before you to-day a child said to be afflicted with hydrocephalus. Let us examine the case closely together. The mother tells me that the child was born after a very difficult labor, in which the forceps were used, and lasting seventeen hours. The child at birth weighed from fifteen to sixteen pounds. It was stupid and heavy for twenty-four hours after its birth, and would not take the breast until the afternoon of the second day. This heaviness continued more or less until the end of the third month after birth. During its first year the child had aphthæ, measles, and occasionally attacks of cholera infantum. One afternoon during this first year, the mother does not

remember the exact date, it was seized with a severe fever, attended with vomiting and convulsions. During the following night it was unconscious, and had another very marked convulsion, this time on the left side of the body only. On examining the child's head, which, by the way, does not look hydrocephalic, and has not increased much in size since birth, I find a depressed fracture of the left side of the frontal bone. This fracture was evidently produced by the forceps, and is peculiarly significant when taken in connection with the above symptoms. But don't let us stop here. The mother further tells us that the child has cephalic sweats almost every night, which sometimes extend to the body, drenching the bed clothes. Its sleep is interrupted by moans and starts and by a very distressing cough. The tongue is not much coated, but its pulse runs 125 to the minute, and the temperature taken in the rectum is 102⅘°. I notice, too, that the finger-nails are clubbed. The child, I find, is, in fact, never without a fever. Upon percussion I elicit dullness over the right chest anteriorly and posteriorly. The mother says that she thinks the child had a slight attack of right-sided pleurisy upon one occasion, but that the symptoms were scarcely noticeable. Auscultation shows that the respiration is louder on the left than on the right side. The child can never sleep on its left side. On palpation of the abdomen I find very marked ascites; the abdomen is enormously enlarged, with pouting navel. The mother says that her father and sister both died of phthisis.

Now let us see where we are. The child came to us as a case of hydrocephalus. We dismissed that idea at once. Then we came to the depressed fracture, and that seemed to explain all the symptoms, but we did not stop there; a little further inquiry brought to light new symptoms, and a hereditary history, stamping the case indisputably as one of hereditary tuberculosis, tubercles in brain, lungs, and abdomen.

I shall order the following prescription, but I fear that the little fellow can live but a very short time:—

℞. Hydrarg. chlo. mitis., gr.j
Sacchar., ℥ij
Divide in chart. xx. M.

Sig.—One powder thrice daily.

Amenorrhœa.

This woman has come from a distance to be treated for amenorrhœa. She has not seen her monthlies for the past four months. She has had two children, the first of which miscarried. The second child was born about eight months ago, after a very difficult instrumental labor. The mother got out of bed very soon after her delivery, and went about her household work as usual. She has been in the habit of working with bare feet, did so, in fact, just after her last child was born. She allows, too, that she has been imprudent in other ways. Upon questioning the patient, I find that she has a great deal of leucorrhœa, which is much increased in amount just about the time when her menses should appear. This seems to be the only kind of compensatory, vicarious hemorrhage to which she is subject. She never spits or vomits blood; has no epistaxis and no piles. There has never been any blood in her stools. She has, however, gained enormously in weight since she first had this trouble; thinks she has increased at least a hundred pounds in weight. There is a truly enormous deposit of adipose tissue all over her body. If I were alone with the woman I should question her closely as to her sexual feelings; I have no doubt that she has but very little sexual appetite. If this is really the truth, and I have no doubt whatever that it is so, from the woman's history and temperament, I should diagnosticate the case as one of amenorrhœa from torpidity of the ovaries.

Acting on this belief, I shall order the following prescription for the patient, and ask her to return and report in the course of a week or so:—

℞. Ex. aloës, ℥j
Ferri sulph. exsic. ℥ij
Assafœtidæ, ℥iv. M.
Divide in pil. No. lxxx.

Sig.—One pill after each meal.

The number to be gradually increased to two, and then to three pills, after each meal. If the bowels are at any time over-affected, return to the initial dose of one pill after each meal.

Medical Societies.

VERMONT STATE MEDICAL SOCIETY.

The annual meeting of the Vermont State Medical Society was held at the Pavilion, Montpelier, Oct. 10th and 11th. The meeting was called to order at 10½ o'clock by the President, Dr. Geo. Dunsmore.

Dr. L. C. Butler moved a committee of five on nominations, and himself, Drs. F. W. Page, S. S. Clark, C. M. Chandler and A. E. Taggart were elected.

Delegates were called upon to report. Those who attended the examinations at Burlington and Dartmouth Medical Colleges reported favorably, the instruction being thorough and practical. A new hospital is being constructed in Burlington, which will greatly facilitate clinical teaching.

Dr. A. P. Grinnell read a paper on aural diseases. He interdicts the use of tobacco by all patients under treatment for diseases of the nares or ear. When the disease has extended to the mastoid cells and there is much pain, with evidence of caries of the bone, he advises trephining, and exhibited the instrument. After

the operation he uses tannic acid, 20 grs. to the oz. of water, or sulph. zinc, 2 grs. to the oz. Perforation of the drum does not necessarily produce deafness, and if but slight, can be cured; he advises perforation in case of pus formation, rather than to wait for nature. In case of inflammation, he cautions against the use of full doses of quinine, which would increase the congestion and pain, but advises hot fomentations with anodynes.

Dr. Putnam read a paper upon the life and last illness of Dr. J. Y. Dewey, of Montpelier. As this paper will appear in full in the *Transactions* soon, I will give no abstract of it.

Dr. Janes reported a case of muscular atrophy, giving us the pathology of the disease, and explained wherein it differed from locomotor ataxia. This case had been one year under observation, commencing in the arms, and extending until it reached the left leg. A brother of the patient had a like affliction.

At 4½ P.M. Dr. Dunsmore, the President, read an address, "Work an Incentive to Success." The Doctor showed us, by his familiarity with history, that no great achievements had ever been accomplished without patient and persevering labor, and that we have no reason to expect ever to reach the hill of fame by any other means.

Dr. G. B. Bullard read a paper upon forceps in labor, wherein his views conflicted with standard authority.

Dr. W. R. Hutchinson read a lengthy report of the American Medical Association, held in Chicago last June. Dr. E. H. Townsend read a paper upon the germ theory of disease.

The discussion upon this paper supported the view that a definite kind of poison was necessary to develop any particular kind of disease; thus the poison of scarlatina never generates typhoid fever, or any other zymotic disease.

SECOND DAY.

Dr. Davenport reported a case of uterine disease of five years' standing, and gave his treatment, which was fully considered by many of the members.

Papers were then read upon diphtheria, by Drs. R. K. Clark and H. S. Calderwood, giving the history, symptoms, and treatment. Dr. Calderwood gave the general history of fifty-five cases, with eleven deaths. Albuminuria was found in forty-five cases; saliva acid in most of them.

Dr. C. B. Thayer gave a verbal history of the epidemic as it occurred in Burlington during the last summer. It prevailed alike upon the hill and in the valley, among the rich and the poor. He reported one very interesting case of diphtheritic laryngitis treated with the atomizer successfully.

Dr. J. Draper, of the Vermont Insane Asylum, was unable to be present, but sent a paper on "The Parthogenesis of Insanity." Read by the Secretary.

Dr. Kidder reported a case of hemarthrosis, in which he used the aspirator successfully without the formation of pus; also another case of hydatid cysts of the liver, from which he drew from ten to eleven ounces of fluid. Others reported a variety of cases in which the aspirator had proved a useful instrument.

The new Nominating Committee reported the following Board, and the same were elected:—

President, C. M. Chandler, of Montpelier; Vice-President, G. B. Bullard, of St. Johnsbury; Secretary, S. S. Clark, of St. Albans; Treasurer, S. Putnam, of Montpelier; Auditor, D. G. Kemp, of Montpelier; Censors, H. D. Holton, L. C. Butler, S. T. Brooks.

The semi-annual meeting will be held in Brattleboro.

S. S. Clark, *Secretary.*

Editorial Department.

Periscope.

Professor Lister's Inaugural Address.

Last month Professor Lister, having removed to London, delivered his inaugural at King's College. He said he would endeavor to lay before his audience the result of a short inquiry he had made at Edinburgh into the nature of that class of phenomena known as fermentation. It was generally admitted in obstetrics that puerperal fever was due to fermentation; it was known that putrefaction was also fermentation, and if that was so the nature of fermentation was of the highest importance. The question was, were all true fermentations caused by the development of organisms, as was the case in the fermentation of the juice of the grape? Take the case of putrefaction, was that fermentation of the blood? They all knew that blood putrefied, and became foul and poisonous. But blood had no inherent tendency to putrefaction, and there was nothing in the air to produce it. But if a morsel of putrefying blood—as much as would rest on the point of a needle only—was put into a quantity of blood that had been heated to 300° Fahr., and had remained for weeks without putrefying, putrefaction would take place and spread rapidly. That showed that putrefaction was a fermentation. Then, if examined microscopically, the blood would be found to contain microscopic organizations called bacteria, of different sizes, having the power of locomotion, and developing *pari passu*

with the fermentation. Were these the cause of the putrefaction, or were they only accidental concomitants? It had been with the object of finding out, if possible, the true answers to these questions that he had made investigations lasting over two months. In order to arrive at some conclusion he determined to try experiments with milk, and to watch lactic fermentation. If they looked at souring milk with a microscope they would find organisms which were obviously of the character of bacteria, but they were motionless, and rather peculiar in form. Trying boiled milk, he found that after some time there was no souring and no putrefaction, proving that the oxygen of the air and the casein in the milk itself had not produced lactic fermentation. In boiled milk, therefore, they had evidence that fermentation was not spontaneous. If a drop of water was added to the milk, they then had bacteria of another sort and fermentation of another kind. Milk taken from a dairy would sour, but milk taken direct from the cow would probably never sour. By means of a number of experiments he had discovered that if bacteria lactis were not present in the milk other fungi were developed. The next thing to consider was whether or not the bacteria lactis were the cause of fermentation. The conclusion he had come to was that the bacteria lactis were the cause of lactic acid fermentation. He urged the students seriously to ponder this subject and the facts he had laid before them, and he was sure they would agree with him that there was evidence that bacteria were the cause of fermentation. They then would have taken one sure step in the way of removing this very important question into the domain of distinct and definite knowledge.

Blue Light in the Treatment of Lunatics.

The photo-chromatic plan of treatment has passed from the region of public sensationalism into that of scientific study. In the October number of the *Journal of Mental Science*, Mr. F. P. Davies, Superintendent of the Kent County Asylum, England, narrates a number of cases greatly benefited by shutting up in a room whose windows were glazed with dark violet-blue glass, and the walls and doors colored the same hue. We extract one case, showing its effect in one of the more serious forms of disease:—

R. B. T., male. Admitted October 18th, 1871, aged 33. From his case book we learn that he has frequently recurring attacks of acute mania, during which he is most homicidal. He can at no time be regarded as a safe man, for he is constantly on the lookout for material with which to make weapons, and never loses a chance to secrete a knife. Under the usual treatment his attacks have lasted from two to three weeks, and have left him very much exhausted.

April 6th, this year, he began to use very threatening language, break windows and destroy clothes, by which we knew he was about having another maniacal outburst. He was at once removed to the blue room and kept in it until night, when he returned to his own room to sleep. The first day he was very noisy; daubed the walls with fæces and destroyed his clothes. At night the room was thoroughly cleansed, recolored, and the next day he was again put into it, and acted just as before. Toward evening, though, a change was noticed in him; he was quieter, and, upon being removed, asked not to be sent back there again. However, the room was again cleaned and properly prepared by the next day, when he was put into it for the third time. About noon he begged to be let out, complaining of severe frontal headache. Upon it being remarked that his room was not so clean as when he went into it, of his own accord he offered to wash it out, and, materials being provided, did so in a most thorough manner. From that time he has given us no trouble, and has exercised great control over himself.

The Prevention of Phthisis.

In an able paper lately read by Dr. Lagneau, of Paris, he showed that phthisis is more prevalent in Paris than in Berlin and London, reaching a mortality of 18 per cent., a proportion in which it is exceeded by Brussels and Vienna. He pointed out that whereas formerly the male deaths from phthisis were less than the female, the proportion between the sexes has now become reversed, the male mortality being to the female as 115 to 100. Further, that the mortality was higher by one-fourth among the immigrant population (country folk and foreigners) than among the native Parisians. After alluding to the fact that the disease prevails in warm and cold climates, M. Lagneau pointed out that certain regions enjoyed an immunity, such as certain altitudes in the Alps, Pyrenees, Cordilleras, Andes, the Mexican plateau, and certain northern countries, as Iceland, the Hebrides, portions of the north-west of Scotland, and the Faroe Islands. Although the only point in common between these mountain districts and northern countries is the possession of a low temperature, he showed, however, that cold could not be considered as preventive of phthisis, for M. Homann has shown it to prevail at 'Christiansand, in 62° N. Lat., with a mean annual temperature of 4.5° C. (40°F.), and MM. Etzel, Billebon and Guerault report a certain proportion of deaths from pulmonary consumption in Greenland. In France itself a far larger number claim exemption from military service on account of chest disease in the northern departments, as those of the Nord and Pas du Calais, than in the rest of France; but there is likewise a fair proportion even in the Mediterranean departments, where sufferers are so often sent. M. Lagneau showed also that poverty and insufficient nourishment do not go hand in hand with phthisis, the inhabitants of those districts where the disease prevails

being in much better circumstances than many others where phthisis is almost unknown. Pursuing his analysis further, he finds a general consensus of opinion among French authorities as to the favoring effects of sedentary occupations and trades; the department of Morbihan, which furnishes the fewest instances of the disease, being also the least industrial part of the country. He urged, therefore, the formation of free gymnasia, the encouragement of athletic exercises, formation of choral societies, establishment of public sanitaria for the phthisical, prevention of overcrowding in workshops, and means taken to procure a good supply of air and light in newly-built dwellings, legal restrictions against juvenile labor, the encouragement of physical exercises in the lycées and schools, and the substitution of rural camps in place of barracks, where the young soldier could pass his term of military service.

Women as Physicians.

In her Introductory at the London School of Medicine for Women, this fall, Mrs. Garrett Anderson, M. D., referring to the general question as to the admission of women to the medical profession, said, that no arguments would influence the opinion of those who disliked the innovation, and that in her opinion, the real defence would be found in experience and not in argument. Whether women can be trained to be first rate doctors or not, and whether it is a solid advantage to society to have them so trained, are questions which can only be answered by experience on a somewhat large scale. Many of the objections commonly urged are, no doubt, imaginary. It is quite certain that women can study every part of the medical curriculum as seriously and thoroughly as men can, and that they do, to say the least, quite as well in the examinations.

On the other hand, some of the arguments used in favor of the charge seem open to question. It has been said, for instance, that women will understand women's ailments better than men will; but Mrs. Anderson would warn the students that they would understand disease according to their intelligence and knowledge, and not by virtue of any occult sympathy or intuition. Women, however, would understand, better than men could ever do, the conditions of life which underlie a vast amount of feminine ill-health. It needs a woman to sound the depths of dullness in the kind of life too frequently led by unoccupied women, and to understand how destructive it is to nervous health. No young man in England knows what it is to live an indoors and idle life, without work and play, and under perpetual tutelage.

With regard to the argument that medical women will marry, Mrs. Anderson remarked that society was concerned, not with the quantity of work which a medical woman could undertake, but with its quality, and that if medical women marry they must bear this in mind.

In conclusion, the lecturer urged the importance of carrying the community with them by judgment, moderation, and good taste. She begged the students also to remember that they were not now mere isolated units in society, not merely women who desired to help, according to their several lights, the best interests of all women, but that they were now members of a noble profession, and that they had the responsibility which is linked with comradeship toward every other medical person, whether man or woman. Let them free themselves from petty jealousies, ignore all that is opposed to comradeship in the attitude of others toward them, and seek in all things to promote the highest aims and interests of the profession, help to purge it of its flaws, and to add to its honor.

Removal of Strong Odors from the Hands.

The *Schweizerische Wochenschrift für Pharmacie*, has a communication from F. Schneider, in which he states that ground mustard, mixed with a little water, is an excellent agent for cleansing the hands after handling odorous substances, such as cod-liver oil, musk, valerianic acid, and its salts. Scale pans and vessels may also be readily freed from odor by the same method.

A. Huber states that all oily seeds, when powdered, answer this purpose. The explanation of this action is somewhat doubtful, but it is not improbable that the odorous bodies are dissolved by the fatty oil of the seed, and emulsionized by the contact with water. In the case of bitter almonds and mustard, the development of ethereal oil, under the influence of water, may perhaps be an additional help to destroy foreign odors. The author mentions that the smell of carbolic acid may be removed by rubbing the hands with damp flaxseed meal, and that cod-liver oil bottles may be cleansed with a little of the same or olive oil.

Gurjon Oil in the Treatment of Leprosy.

Surgeon-Major Hodder, A.M., M.D., in his "Medico-topographical Report on the Andaman Islands," describes the treatment of leprosy by gurjon oil, as practiced by Dr. Dougall, senior medical officer, Port Blair and Nicobars. The compound resulting from the admixture of gurjon and cocoanut oils not being quite satisfactory, Dr. Dougall, after several experiments, found that three parts of limewater to one part of gurjon oil forms a better ointment, being smoother, and painless in its application to healthy skin. An emulsion of equal parts of the same ingredients is also used for internal administration, in half-ounce doses, morning and evening. The following is the plan now adopted:—The lepers turn out at daybreak, and thoroughly wash themselves at a stream, employing powdered earth as a detergent. On returning to their ward, they receive their dose of emulsion, and then rub their whole body

with the ointment. At 3 P.M. the second dose is given, and the rubbing repeated for two hours. No change is made in the diet of the patients. Dr. Dougall attributes much advantage to the prolonged process of rubbing, on account of both the physical exercise and the mental occupation involved. The emulsion acts as a laxative and a diuretic. Twenty-four lepers have been treated, and in every case with much benefit. The treatment has, it is stated, enabled men, who for years had dragged on a miserable existence, to engage willingly in active employment.

On Vaccination.

A writer in the *British Medical Journal* says:—

As at present performed, vaccination is imperfect, either in its quality or its quantity, or in both. Comparatively few people are admitted into the small-pox hospitals with undoubted small-pox who show evidence of good vaccination in three or more places; and, if three good marks are visible on any patient, death is extremely rare. In respect of the age at which vaccination is performed, it is unfavorable, since it coincides with the time of appearance of specific eruptions; and, moreover, it is performed at a time when mothers too often begin to give the infant other food than breast-milk, a circumstance which favors the development of non-specific eruptions. If one postponed the vaccination until the child were thirteen months old, there would be urgent reason for vaccination being compulsory, and for its being performed in spite of the opposition of parents and others, seeing that the folly of one individual would be able to give small-pox to a number of infants, who would die at the rate of 95 per cent. It is forgotten by some, and unknown to others, that, for vaccination to be successful, one ought to produce an illness, and that this very illness is the first evidence of the success of the operation. In addition to the fact that people are ill after vaccination, it is important to bear in mind that people die after the operation, if not from the disease itself, at least from its sequelæ, notably erysipelas. Allowing that the mortality after vaccination is equal to that of inoculated small-pox (viz., 3 per 1000), vaccine inoculation is preferable to small-pox inoculation. Small-pox produced by inoculation may spread the disease indefinitely, which does not happen with vaccinia. Vaccination, as at present performed, is not preventive of small-pox. Successful vaccination is, with very rare exceptions, protective of life, and against the more severe sequelæ, except erysipelas. After puberty, however, vaccination loses the whole or a part of its protective power, and this also applies to revaccination performed before puberty. For vaccination to be effectual through life, it should be repeated after puberty, no matter what was the condition of the primary vaccination; and, judging from the statements from the small-pox hospitals, one will then be justified in saying that the occurrence of small-pox in a severe form is impossible, unless the patient, at the time of revaccination, be incubating small-pox.

The Science of Temperance.

In a late lecture with this title, Dr. B. W. Richardson, of London, made the following points:—*First:* That the substance now called alcohol, and which had been so called for some three centuries, could not be considered as a food, as most people supposed—standing alone in the world as something which was to be taken as if it were a food. *Second:* That common alcohol was, therefore, not a special gift sent to them to be used as a food, any more than the other chemical bodies coming under the head "Alcohol." *Third:* That when, as physiologists and biologists, they looked on the construction of the animal kingdom, and considered how it was made up of certain fluids and solids, they were struck with the fact that there was no provision whatever made for the use of such an agent as alcohol. Nature had produced the organization simply of one fluid, and that fluid was water. *Fourth:* That ethylic alcohol acted on the bodies of men and animals in the same manner as other chemical substances. It did not act after the manner of a food at all, but produced effects which were phenomenal in their character. He found that a fatal dose meant a proportion of a drachm of fluid to the pound weight of the warm-blooded animals. In a man weighing 120 lbs., a dose of fifteen ounces would certainly be fatal unless scientific means averted death. The lecturer then graphically described the phenomenal effects of various doses of alcohol on the organism, and remarked, in conclusion, that if alcohol did anything that was of use in the animal organization, it was only in the first stage of this action.

The Student's Hysteria.

In a paper on hysteria, which received a prize at the Physical Society of Guy's Hospital this year, Mr. P. Horrocks writes:—

"During the fortnight following the death of the late Napoleon, Sir James Paget was consulted for stone in the bladder, by no less than four gentlemen who had nothing the matter with them. And this leads me to speak of a form of hysteria which is frequent in males, and perhaps more so in our own profession than in any other class of people. How many students are there of one year's standing or more, in this hospital, or any other, who have not imagined, and really become convinced, that they were suffering from some disease, generally a fatal disease? I, myself, must confess that I have, since coming to Guy's, been thoroughly convinced that my heart was diseased. After a time, however, I felt that I was laboring under a great delusion; it was not my heart, after all, it must be my lungs. I remember listening

with breathless attention to Dr. Habershon, as he lectured on phthisis, for I was so convinced that my chest was affected, that I had not, at that time, called up sufficient courage to read it in books, for fear of finding out, without any doubt, that I was a doomed man. One thing, however, I could not get over, and that was that phthisical patients lose their appetites. I have never had that symptom yet, and so, after all, I may only have been suffering from mental delusion. I am not alone in this kind of thing; scores of students consult, yearly, medical men, for complaints of which they have not a single symptom. Ask any of our staff; they have had ample experience, and will fully bear out what I have stated."

The Sanitary Condition of China.

The state of things in China, from a sanitary point of view, is rather puzzling. According to Dr. Dudgeon, who has charge of the English hospital at Pekin, the Chinaman is not clean; his clothes are not washable; he uses the same garments day and night. Skin diseases abound, and itch is almost universal. Municipally, matters are worse. Streets are narrow; there are no sewers or gutters. "China, in a word, may be said to be totally destitute of sanitary science." In Canton, for example, there is a state of matters which tends to disturb our notions of the connection of fever and filth. Large numbers of the natives are daily using water and inhaling air charged with impurities of human excreta, apparently with utter impunity. River water is greatly used, and that used by the boat population is extremely filthy, and must be largely contaminated with human and other impurities. Yet they do not seem to suffer from diarrhœa and fever more than others. Even when typhoid cases appear they do not spread. There is a general concurrence of report from various districts as to the absence alike of means for preventing excrementitious poisoning and of typhoid. Pigs and dogs are the only kind of sanitary officers in China. Scarlet fever, measles, relapsing fever and diphtheria, all exanthematous diseases, are rare. No case has ever been seen, in either Amoy or Formosa, of any of these diseases. Other acute diseases are infrequent. So, too, are the diseases of degeneration, fatty and atheromatous—a fact properly associated by Dr. Dudgeon with the sober habits of the people. Phthisis, too, is rare. So is insanity. The deadly diseases are small-pox, which affects nearly the entire population, and kills sometimes forty or fifty per cent of the cases; intermittent and remittent fever, dysentery and diarrhœa. The fevers are doubtless caused by the marshy condition of the land on which rice is cultivated. When drainage shall have been introduced, and the favor with which vaccination is regarded shall have become universal, and when the opium traffic has been suppressed, it is not easy to see how Chinamen will be able to accomplish their decease.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The coming season in England promises to be more active in the medico-scientific publishing world than many of its predecessors. If we take the announcements of the leading houses, the profession and students there will have a large array of new works to select from. Messrs. J. & A. Churchill promise over forty new works and new editions. Messrs. Baillière, Longmans, Macmillan, Smith, Elder, etc., also announce several new works and new editions. In this country the announcements are not so numerous, "hard times" probably making themselves more directly felt here than across the water.

——Two papers, on subjects of very wide interest, have been sent us recently by their author, Dr. John M. Woodworth, Supervising Surgeon General of the United States Marine Hospital Service. One is entitled "The Safety of Ships, and of Those who Travel in Them;" the other, "The General Subject of Quarantine, with Particular Reference to Cholera and Yellow Fever." They are very valuable contributions to their respective topics.

——To the now numerous visiting lists which court physicians' favor, we add one issued by J. B. Lippincott & Co., entitled "Wood's Physician's Vade Mecum and Visiting List." It contains the usual tables for metric measures, doses of medicines, poisons and antidotes, etc., and the usual blanks, with such variations as recommended themselves to the author. The flap is large and cumbersome, not having even a tuck or a band to hold it in place.

BOOK NOTICES.

Modern Surgical Therapeutics, a Compendium of Current Formulæ, Approved Dressings and Specific Methods for the Treatment of Surgical Diseases and Injuries. By George H. Napheys, A. M., M. D., etc. Revised and brought down to the most recent date. 1 vol., 8vo., 600 pages. Price, mailed, prepaid, to any address, cloth, $4; full leather, $5. Published by D. G. Brinton, 115 South Seventh street. Philadelphia.

In the multitude of books which issue from

the medical press, it is unusual to find one, other than a monograph, which occupies an entirely new field. Yet, so far as we are aware, such is the case with the work before us. Its object is to give strictly the *therapeutics* of surgery, that is, all those portions of surgical treatment which are not included in the domains of operative and mechanical surgery.

To learn precisely what is left after these important departments are excluded, we shall give an analysis of the book in some detail.

It is divided into seventeen chapters, the first of which is entitled "The Therapeutics of Inflammation." This commences with a statement of the means of preventing or limiting inflammation, such as rest, cold and hot applications, veratrum viride, etc. To this succeeds a series of directions for the immediate treatment of inflammation, both of the sthenic, asthenic and chronic types. The authorities quoted are Gross, Erichsen, Murchison, Fothergill, etc. The résumé of remedies in inflammation occupies nearly nine pages, and gives quite full directions, with numerous formulæ, both for internal medication and the making of poultices and lotions, the employment of heat and cold, the value of electricity and venesection, etc.

Chapter II, on "Anæsthetics," is divided into "General and Local Anæsthetics." Among the novelties here described, we note Bonwill's anæsthetic method by deep inspirations, Spencer Well's observations on methylene bichloride (which that eminent surgeon prefers to all other agents), the Esmarch bandage as a local anæsthetic, Schrœtter's method for producing anæsthesia of the larynx, faradic anæsthesia as taught by Dr. Beard, etc. Chloroform, ether and nitrous oxide are discussed in a strictly practical manner, with reference to the best modes of administering them, and the measures to be taken in case of danger.

The third chapter, "On the Dressing of Wounds," is one of the most interesting in the book. It enters minutely into all the dressings, so numerous and so diverse, now lauded by various surgeons. Thus we find described, Billroth's "open treatment;" Gamgee's "anhydrous dressing;" Guerin's raw-cotton dressing; Hewson's earth dresssing; while of "antiseptic dressings" there is a formidably long array, commencing with Professor Lister's famous carbolic and boracic acid dressings, and including a wide variety of other agents, such as carbolated camphor, chloral, the sulphites, sulphurous acid, alcohol, terebene, permanganate of potash, balsam of Peru, salicylic acid, creasote, petroleum, and numerous others.

Chapter IV, on "The Complications of Wounds," gives the medical treatment, drawn from a wide variety of sources, of erysipelas, gangrene, hemorrhage, phagedæna, pyemia, shock, tetanus, traumatic fever, traumatic neuralgia and paralysis. Over fifty pages are occupied in these subjects, so that under each a very full synopsis of the treatment of a number of authors is given.

To this follows Chapter V, on "Special Forms of Wounds," which are gunshot, punctured, contused and poisoned wounds. So far as we know, it is the first time that an American book has given the novel views of the great German military surgeons, as, for instance, Esmarch's condemnation of extracting balls; Stromeyer's opposition to the trephine, etc. Halford's ammonia treatment of snake-bite is given quite fully, while the article on hydrophobia is particularly worth reading, from the more hopeful view it takes of this terrible affection.

Of the eight following chapters, we can only name the titles and contents. Chapter VI. Lesions from Heat and Cold, including burns and scalds, lightning-stroke, sun-stroke, frost-bite and frozen limbs. Chapter VII. Lesions of the Connective and Muscular Tissue, including abscesses, bed-sores, carbuncles and boils (anthracosis and furunculosis), felon (whitlow, pæronychia), ulcers (sores). Chapter VIII. Lesions of the Bones and Joints, including bunions and ganglion, caries and necrosis, osteitis and periosteitis, sprain, synovitis. Chapter IX. Lesions of the Organs of Circulation, including aneurism, lymphangitis, nævus, phlebitis, varicose veins. Chapter X. Lesions of the Organs of Digestion, including (*the mouth and throat*) caries of the teeth, odontalgia, aphthæ and stomatitis, pharyngitis (sore throat), tonsillitis (quinsy, cynanche), tonsillar hypertrophy, (*the stomach and bowels*) hernia, intestinal obstruction (occlusion, intussusception), hemorrhoids, fissure of the anus, fistula of the anus, prolapse of the anus, pruritus of the anus. Chapter XI. Lesions of the Organs of Urination, including cystitis (acute and chronic), enuresis (incontinence of urine), irritable bladder (dysuria, strangury), lithiasis (stone, calculous disease, gravel), prostatic diseases. Chapter XII. Lesions of the Organs of Reproduction, including balanitis, hydrocele,

impotence, masturbation (self-abuse, onanism), orchitis (epididymitis), spermatorrhœa, varicocele. Chapter XIII. Lesions of the Organs of Special Sense, including (*the nose*) general therapeutics of nasal diseases, epistaxis, nasal duct, obstruction of, ozæna, rhinitis, (*the eye*) amaurosis, blepharitis, conjunctival diseases (ophthalmia), corneal diseases (ulcers, opacity), iritis, keratitis, styes (hordeolum), wounds and injuries of the eye, (*the ear*) eczema of the auricle, otitis, otorrhœa, tinnitus aurium.

The fourteenth chapter is on "New Growths," benign and malignant, the portion on the medical treatment of cancer occupying twenty-five pages, and being the most complete and satisfactory that we have anywhere seen. In all our surgical text-books this subject is discussed in the most superficial manner, and hence no quack flourishes so greatly as the cancer doctor; but here we find a very careful summary of the resources of therapeutic art in this dreadful affliction, and one, on the whole, very encouraging.

The fifteenth chapter is devoted exclusively to the treatment of scrofula, while diseases of the skin and venereal diseases occupy the remaining two. Three elaborate indexes conclude the book, one of authors, a second of remedies, and a third of diseases.

In a work of this kind, the reader will especially demand that it be done with thoroughness and judgment, and that it represent the most recent and modern authorities. As a test of the former, we have found by actual count that over seven hundred different authors are named and quoted; that they represent almost equally the United States and Great Britain, France and Germany; and that hardly a living surgical author of note has been omitted. That those who are anxious to learn about the novelties of therapeutic surgery will probably find what they seek here, we should judge from the fact that we see the volume contains descriptions of such recent introductions as chrysophanic acid, terebene, the salicylates, hamamelis, woorara, xanthium spinosum cosmoline, teucrium scordium, daturia, eserine, grindelia, hydrobromic acid, and numerous others.

In general plan and arrangement, as well as in size and in price, this volume is the same as Napheys' *Medical Therapeutics*. As an independent work, containing nothing which is in that treatise (fifth edition), it is a companion volume to it, but is sold also separately, to those who wish it.

Cyclopedia of the Practice of Medicine. Edited by Dr. H. Von Ziemssen. Vol. XV. Diseases of the Kidney. New York, William Wood & Co.

There are few departments of medicine where modern pathology had led to more divergent classifications than in affections of the kidneys. Every writer, almost, starts out with some new arrangement, more in accord, he believes, with the lesions than the schemes of his predecessors.

The greater part of the present volume is by Dr. Carl Bartels, Professor in Kiel. He divides diseases of the kidney into two classes, structural diseases and diffuse diseases. The former include those general symptoms produced by the cessation of the kidneys to perform their functions properly. In the latter class are hyperæmia and ischæmia of the organs, nephritis, acute and chronic, cirrhosis and degeneration. These subjects are treated at great length in their pathological and diagnostic aspects, only moderately so in their therapeutic relations. The narration of illustrative cases is rather frequent, and many of the details given instructive.

The second portion of the volume, by Dr. William Ebstein, treats on pyelitis and pyelonephritis, nephro-phthisis, peri- and para-nephritis, necrosis of the kidney, hydronephrosis, tubercles and cancer of the kindey, nephro-lithiasis, parasites in the kidneys, anomalies in their form and number, and diseases of the renal vessels. There is no doubt but that the recognition of many of these conditions, in the complications so frequent in actual practice, does, as the author remarks, "present insurmountable difficulties;" and that a pretty large part of his work, therefore, has its chief interest in the dissecting room rather than by the bedside.

Both writers acknowledge that even acute observers and standard treatises are far from agreeing on many points in the pathology of nephritic diseases. The limitations of what is meant by the old term, "Bright's disease" vary with almost every writer; and it becomes a question how far pathology can carry the torch of knowledge into the sick-room under such circumstances. The work which will give general satisfaction upon this class of diseases evidently has not yet appeared.

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PREMIUMS AND INDUCEMENTS.

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THE EASTERN WAR.

The condition of medical and surgical matters in the Russo-Turkish war is, from all accounts, deplorable enough. The sudden demand for hospital accommodations has far exceeded the supply. We have collected a number of extracts from foreign journals which will give the reader some idea of the difficulties the surgeons have to contend with.

The London *Times*, from official sources, gives the total number of killed and wounded among the Russian armies from the beginning of the war to the middle of October as 47,400. The total sick, within the same period, is estimated at 20,000, making a grand total of 67,400. The returns from which these figures are taken would appear to include the armies in the field, both in Europe and Asia, but this is not quite clear; probably the European army only is covered by them.

The sick are very largely affected by malarial fevers and dysentery, both of which have increased vastly since the cold nights have set in.

At a meeting of the "Kieff Quinine Committee," the secretary stated that 1,460,000 portions of quinine had been dispatched to the Russian army up to the beginning of September, causing an outlay of 30,000 roubles on the part of the association. A letter from General Nekopoitchensky was read, in which the Grand Duke Nicholas thanked the committee for its assistance, and stated that 100,000 portions of quinine solution were found to be the necessary quantity of tonic required by a *corps d'armée* every month.

In spite of the energy of the Russians, the complaints are very great. Professor Pirogord, of St. Petersburg, who inspected the camps in September, writes as follows:—

"In the officers' tent I met with many of my comrades. Some of them positively declared that the treatment of the sick and the means at the disposal of the hospitals were such that it was better to be killed than wounded. . . . Yesterday wounded men were taken away, fasting, on carts that had brought provisions, but

on the road the inspector quarreled with the commissariat about a point of seniority, and the sick were brought back and replaced in beds without getting anything to eat. To-day they were again taken away at sunrise, without food. The food is cooked in such a way that it produces diarrhœa. The carts were so constructed that one of them at a turning fell over and threw the wounded men on the ground. . . . Do not fear to print the facts. I have been requested to publish them by people in authority, in the hope that public control may improve matters. Though the authorities are warned beforehand, they often make no preparations for the reception of the sick. . . . One party in this way remained a whole week in Tiraspol. On the field of battle the thing is organized in such a way that the wounded at Plevna did not receive food till the fourth day, and their wounds were not dressed till the third day after the battle. . . . In some hospitals there is so little space that the beds are placed together without any space between them. . . . The distribution of the sick among the different hospitals is such that after the affair at Nikopol the wounded remained for three or four days without assistance, while in other hospitals nothing was done. In Fratesti, I myself saw how, after the rains, the wounded, for whom no beds had been prepared, were left in the mud. At the same time, in the Brankovanski Hospital, in Bucharest, out of the hundred beds put at the disposal of our officers, only ten were occupied."

One of the worst features of the war has been the brutal barbarity of the Turks. It is a barbarous state of affairs when a flag of truce cannot be sent to the Turkish lines to propose a brief immunity from fire, while fatigue parties gather up the wounded lying in helpless agony in front of the works they have so bravely attempted to capture. The Turks not only refuse to receive flags of truce, but fire upon the parties bearing the white flag and the Geneva Cross, gathering up the wounded in parts of the field not then under dispute. It is a misnomer to call this conflict warfare; it is simply a gigantic massacre, where the brave fellows on both sides who carry the rifle are entangled in a hopeless slaughter by chiefs who can only succeed in getting them together where blood flows like water, but are utterly incapable of directing in an intelligent, much less scientific manner, the human forces mangling each other in frenzied confusion.

It is true that the Turks are just as unfeeling and negligent of their own wounded as they are of the enemy's. An English surgeon, in Turkish employ, writes:—

"After an engagement, as a rule, the wounded man, when he can 'pull himself together,' makes off, as well as he is able, to the nearest town, which may be, take, for example, Kars, in this instance, eighteen long, very long, miles away. How these men do contrive to get to towns and villages after being wounded as they are is a thing almost incredible. A compound fracture of the ankle, for instance, I can say of my own knowledge, in more than one case, does not prevent a Turkish soldier from finding his way to where he thinks help may be obtained, let the distance be what it may. The idea of waiting on the field till a party of 'sick bearers' may come with proper appliances for his removal, seems never to enter his head; and perhaps it is just as well that this is so, for I fear that, wait as long as he might, such help would never come."

The London *Times'* correspondent, writing from Adrianople, under date 13th September, gives a graphic account of the difficulties which the medical staff engaged in transport work have to contend with. He describes the arrival, at nightfall, of Dr. Stoker at Philipopolis with a train of 1200 wounded, no preparation having been made for them, although their coming had been made known to the pasha in authority. He describes also the horrible sufferings of the men from the movements of the bullock-wagons in which they lay; the refusal of the pasha to give the needful help at the moment; the bandying of the wounded from pillar to post; the culmination of the difficulty in the pasha's head servant becoming impudent to Dr. Stoker, and in Dr. Stoker promptly there and then thrashing the man, in a way which left almost the bastinado in the shade, and thus bringing the master to his senses through the servant's castigation. No part of the present struggle in Bulgaria will,

in after-time, be regarded with more interest than the struggle of the aid societies to compel the Turks to receive help for their sick and wounded.

According to all accounts the condition of the country on the approaches to the Shipka Pass and to Plevna, and the localities in which fighting has taken place, are horrible beyond all description. A great district is absolutely laid waste, and is littered with the dead in every stage of decomposition. The difficulties encountered by the several aid societies in carrying out their mission of mercy are incredible—difficulties arising from the devastation of the localities in which their work lies, from the general lack of almost everything except what societies' staffs carry along with them, and especially from the indifference of the local Turkish authorities and commanders.

In and around Kesanlik, the stench from the decaying corpses was insupportable, and after the assault on the Pass (Aug. 23) there were six thousand wounded in that town, and only *four* surgeons to attend them.

Around Kars and Erzeroum the Turkish forces are absolutely without medical supplies. The wounded, when brought to the hospitals, are left almost without attention, or even food and water. Probably no more fatal war has been recently waged than the present one.

WHY IS HYGIENE NOT TAUGHT IN MEDICAL COLLEGES?

We hear and talk much of the progress of sanitary science, and there is no doubt but that hygiene is securing much more attention on every hand than in former times.

The advances, however, of this science are not commensurate with the importance of the subject, nor with the degree of enlightenment that exists in regard to the cause of various diseases. In fact, those who should urge onward this department are too frequently the least informed on the subject.

Physicians, as a rule, are not informed to any great degree concerning personal and public sanitation. But is it strange? We have before us several "annual announcements" of medical colleges, but in very few of them is hygiene taught, either during the preliminary or the regular course. In the University of Pennsylvania a Chair of Hygiene exists in the auxiliary course, but, unhappily, only a small minority of the regular medical class attend it. During the medical student's college course how much time is given to hygiene? How much of the clinical hour? How much of the lectures on the practice and theory of medicine? What is said upon the subject is incidental—may we not say *accidental?* It is probable that the professor of practice of medicine refers to good hygiene in the opening remarks of the treatment of a disease; but hygiene is a subject of such magnitude that the qualifying word "good" leaves a very dreamy sort of an idea of how to bring into use the powers of nature.

Is it any wonder that a certain popular lecturer exclaims, "If one were to start out in pursuit of information upon the laws of health, and he should consult thirty-six persons, twelve doctors, twelve clergymen, and twelve intelligent grandmothers, the doctors would give him the least knowledge"? No doubt we can select the proper pill to swallow, but, as the same gentleman says, "if you wish to know how to avoid being sick, or you are well and wish to know how to keep so, the first intelligent person of mature years you may happen to meet will give you more practical wisdom than your own family physician." There is a substratum of truth in his further statement that in looking on the sick side of a man the doctors are very apt to know less about the well side of him than other folks.

This may be an exaggerated picture, but yet, in the main, is it not only too true? How often in our medical journals do we see original communications, correspondence and notes on health? Is not sanitary science considered a specialty? The work of a certain few? It should not be so, and yet it is hard to conceive

how the disgrace can be obviated unless hygiene becomes a regular "chair," or, at least, is taught during the summer and preliminary courses. It is just as interesting and important as a course upon microscopy, symptomatology, laryngoscopy, etc. These are dignified with a lectureship. Why not hygiene?

Notes and Comments.

Diarrhœa in Children.

Dr. L. A. Davidson, of West Virginia, sends us the following as a most efficacious prescription for diarrhœa in children:—

℞. Pulv. calumbæ, ℈ij–iv
Extr. valerian. fluid.,
Syr. rhei, āā fl.℥ss. M.
A teaspoonful every two hours.

Action of Boracic Acid on Plants.

According to Eug. Peligot, even very small quantities of boracic acid, either free or in combination, are fatal to plants. It is suggested that they may also be deleterious to animals, and if so, the foods preserved by means of borax, such as fresh meats received from Buenos Ayres, even though washed before use, might be injurious to the persons eating them. The question is being investigated further. The probability is, that boracic acid will be found entirely harmless to animals and man, as it has been hitherto supposed to be, it having merely a destructive action upon the living cell-walls of plants, thereby preventing he development of microscopic fungi even in animal tissues.

Gallo-Tannic Acid as a Reagent for Ammonia.

A German exchange says:—Tannic acid derived from galls is known as a general reagent for alkaloids. It is, however, important to know that under certain conditions this reagent may lead to fallacious conclusions. Tannic acid, namely, produces in solutions of ammoniacal salts containing feeble acids a white precipitate, as, for instance, in solutions of ammonium acetate. If the ammonia, however, is combined with stronger acids, as, for instance, in solution of chloride or sulphate of ammonium, tannic acid produces no precipitate; but on adding a sufficient quantity of sodium acetate solution, the precipitate appears at once.

Temporary Aphasia.

Dr. Schlangenhausen (*Centralblatt*, April, 1876) records the case of a young woman, who, on learning she was deserted by her lover, became insensible for a quarter of an hour, and on regaining consciousness found that she could not speak. In place of the desired words, she repeated, ti, te, to. She understood everything which was going on around her, and could express her meaning in writing, but not without much delay over particular words. The aphasia passed away in about five hours. Dr. Schlangenhausen thinks that the series of changes which went on in the brain were sudden contraction of the vessels, causing loss of consciousness, succeeded by dilatation and hyperæmia, which were greatest in the regions supplied by the arteria fossæ Sylvii.

The Wood Pavement Humbug.

The *Lancet*, of London, in a recent issue, says: "We have peculiar satisfaction in watching the spread of the movement in avor of paving the leading thoroughfares with wood. The struggle has been long and arduous, to secure for this at first somewhat costly, but, in the long run, we believe, economical material, the attention its quality of noiselessness should command." After the *Lancet* people have watched the spread of wooden pavements as long as we in Philadelphia have, they will experience far greater satisfaction in watching their cessation. It is a thoroughly exploded humbug, which seems now to have reached our slow-going English cousins.

Maxims of Success.

The celebrated Dr. James Syme used to give his students the following rules to insure success in practice:—

1. Never look surprised at anything.
2. Before stating your opinion of a case on your second visit, ascertain whether your previous directions have been complied with.
3. Never ask the same question twice.

Auto-transfusion.

This is the title applied to the process of forcing the blood to the viscera by applying an elastic bandage to the limbs. It is easily done, attended with no risks, and an admirable auxiliary to treatment in post-partum hemorrhage and other maladies.

Poisoning by Burning Gas.

The *Lancet* urges the inconvenience, and even danger, of the ordinary burning gas. It says:—

"To have our rooms pleasantly illuminated with gas is to undergo a process of poisoning, the more disastrous because, instead of directly producing the characteristic symptoms of defective blood oxygenation, the gas-polluted atmosphere insidiously lowers the tone of vitality, and establishes a condition favorable to disease. It would be difficult to overrate the importance of this household peril. Pictures are spoiled by gas, gilt mouldings are tarnished, the colors of decorated walls and ceilings fade, and men and women of delicate organization are enfeebled and injured by the foul air in which gas is discharged and supposed to burn innocuously. The extent to which this evil works in the midst of domesticated families during the long evenings is not adequately appreciated. After the first few unpleasant experiences are over, the physical sensibility becomes inured to the immediate results of breathing an atmosphere charged, more or less heavily, with the products of combustion and unconsumed coal gas. It is not creditable to the ingenuity of practical men that no method has yet been devised by which the advantages of gas as an illuminating agent may be secured without the drawback of slow poisoning, with the host of maladies a depressed vitality is sure to bring in its train."

A Sign of Hæmoptysis.

M. Constantine Paul observed at the Société de Thérapeutique that a sure prognostic sign of hæmoptysis is found in the recurrent pulse. If, while the finger compresses the artery at the wrist, a pulsation is felt in the hand, we may feel certain that the patient will spit blood. During the last ten years that he has paid attention to the point, he has come to regard this sign as certain.

Convulsions from Fright.

A case reported in the *Journal de Médecine* shows the danger of allowing very young children to be exposed to anything capable of suddenly frightening them, with the idea that they are too young to notice or understand what is going on. The child was taken into a room where her grandfather, whom she dearly loved, was being put into his coffin. She immediately began crying, "They are taking away pépé," became very sad, and although she was removed from the house, after remaining in this state for three weeks, often crying and calling for her pépé, convulsions came on, from which, under proper treatment, she recovered.

Correspondence.

Physicians as Dispensers.

Ed. Med. and Surg. Reporter:—

In your issue of November 10th, the article in relation to "Physicians as Dispensers," by J. W. P. Bates, M.D., presents the subject in a light too plain to be overlooked or disregarded. Every practitioner of medicine in the United States ought to see that article and profit thereby. There is no mistaking the fact that hundreds of druggists are making use of our prescriptions under their own names, and thereby diverting the people from us to them. In so far as the profits are concerned, with regard to physicians furnishing and dispensing their own medicines, I am satisfied that the physician would be the gainer in the end, in nearly every individual case; and that the people would be better pleased, is the result of the experience of every doctor who has practiced this plan, I have no doubt. A form of medicine both convenient to carry and pleasant of administration is a want long felt by our country practitioners, and certainly would be no less felt by those of the city were they to furnish their own drugs. The idea of the manufacture of granules, as advanced by the writer of the article spoken of, is a good one, and the sooner we adopt the plan advocated by him the sooner we shall be an independent profession, not subject to the usurpation of the non-professional and unscrupulous druggist.

Bethel, Vt. L. M. Greene, M.D.

The Actual Cautery in the Treatment of Spasmodic Torticollis.

Ed. Med. and Surg. Reporter:—

In the Reporter of November 10th, 1877, in noticing my paper on "Spasm of the Muscles Supplied by the Spinal Accessory Nerve," it is said that I recommend the applications with the actual cautery to be made deeply on each side of the spinal column, suppuration being maintained for some weeks. This is a mistake, as may be seen by reference to the article. I do not advise this treatment, but simply refer to it, as the method of Busch. In treating spasmodic torticollis and other forms of local spasm, I prefer and employ the method of Brown-Séquard and Dupuy; I beg leave to quote here the latter's remarks on the use of the cautery, from an article on "The Actual Cautery in Spasms, Paralysis and Epilepsy," in the New York *Medical Journal*, for January, 1877:—"1. The instrument has to be heated to

whiteness; 2. It must be shaped like an olive (blunt end); 3. It must not be allowed to burn the skin, but is passed rapidly along the space to be acted upon, so that after the operation is over nothing is seen but a *white line*, very much resembling a scratch with a finger-nail. So applied, it is never painful. It can be repeated every other day, as there are no scars and no irritation left. The necessity for observing these rules is obvious, as the object of the operation is to act on the termination of nerve-fibres in the skin, but not to destroy them; hence it is clear that the method of first applying ether-spray on the spot to be cauterized, so as to deaden the pain of the cautery, mars the good effects of the application of the instrument, because the ether-spray is itself *more painful* than the actual cautery, when the latter is used after the manner above stated; and moreover, it anæsthetizes the nerve-ends which it is desired to affect, so that the cauterization becomes useless." Yours,

CHAS. K. MILLS, M.D.

A Monstrosity.

ED. MED. AND SURG. REPORTER:—

I was called to see Mrs. ———, of Cardington, who was in labor. On my arrival, an examination proved her to be in the second stage of labor, the os being dilated to the size of a half dollar; the abdomen was extended to a wonderful size, and, supposing there were twins, I applied the stethoscope, but could hear no fœtal heart; yet the mother said she felt life, and was afraid it would be marked, as, when she was four months' pregnant she had nursed a child with a tumor between its shoulders, which drew the head back until it had the appearance of extending down to the dorsal region. Being rather skeptical upon this point, I assured her she need not be alarmed about a mark. When the membranes ruptured, the amniotic fluid came away to at least the amount of two and a half gallons; the abdomen went down to almost its natural size. I introduced my hand into the vagina, which had been distended by the fluid, and the next pain brought the head within my hand; when the child was born it presented much the appearance of that the mother had described, but the tumor was a sanguineous one and ruptured as it passed the mother's parts. The child expired. The upper and lower extremities were well formed, except the arms, which were proportionately lengthy, and grew from points just below the ears; the head and general appearance resembled that of a toad, there being no encephalon whatever. A case is related by Dr. Greene, of this place, where a child had but one hand, and the mother remarked that she expected it, as she saw a gentleman that had but one hand, and it made an impression upon her mind, during gestation.

Query. Do mental impressions made upon the mother during gestation, have a tendency to mark the child? J. L. WILLIAMS, M. D.

Cardington, Ohio.

NEWS AND MISCELLANY.

Dr. Paul F. Eve.

The death of this eminent surgeon will be heard of with profound regret in a wide circle. He was born near Augusta, Georgia, June 27th, 1806. The following particulars of his life we borrow from the *American Medical Bi-weekly*. In 1826, and at the age of twenty, he graduated at the University of Georgia, and graduated as a Doctor of Medicine at the University of Pennsylvania in 1828. He went to Europe in 1829, being in Paris during the Revolution of 1830, witnessing the historic three days, July 27, 28, 29, of that year. In 1831 he volunteered in the Polish Army, and served nine months with distinction. During that year he received the Golden Cross of Honor of Poland, for his great success in the performance of the duties of his profession, which won for him a national reputation. In 1832 he became Professor of Surgery in the Medical College of Georgia, and filled this chair with great credit for eighteen years. In 1850 he was elected to the Chair of Surgery in the Medical Department of the University of Louisville, and after serving one year, nobly resigned, to enable Professor S. D. Gross to return to that Institution. He was then elected to the Chair of Surgery in the University of Nashville, and occupied this position for seventeen years. In 1851 he was invited to occupy the Chair of Surgery in the University of New York, to fill the vacancy created by the death of Dr. Granville Sharp Patterson.

In 1857 he faithfully discharged the duties devolving upon him as President of the American Medical Association. He served as a surgeon during the contest between the Northern and Southern States. He was editorially connected with professional journalism for many years, and was the author of numerous monographs upon surgery, etc. He had long occupied a front position in the rank of eminent surgeons of the United States. Fourteen times he went to Europe in the interest of a profession to which he was passionately devoted. His services during the war in Poland were purely voluntary. He delivered eighteen courses in the University of Georgia, and declined a professorship in New York and Philadelphia, and the Surgeon Generalship of Tennessee. In 1868 he accepted the Chair of Surgery in the Missouri Medical College, the chair being vacated by the death of Dr. Joseph McDowell. In 1870 he again became Professor of Surgery in the University of Nashville, and filled this position for six years. He had remarkable success as a lithotomist. Of ninety-two bilateral operations up to 1874, only eight terminated fatally; of the last forty-eight cases, forty-six recovered; of 105 applicants for relief, not one was refused,

In 1875 he was appointed to deliver an address upon "Surgery in the South and Southwest" at the meeting of the International

Medical Congress, which occurred in 1876, in Philadelphia. The address was prepared with great care and deliberation, and was the best effort of his life in that direction. It was delivered before the assembled wisdom of the medical fraternity from all parts of the globe, and pronounced by all to be one of the finest they ever heard. The proceedings of the Congress containing the address are now lying in the express office at Nashville, Dr. Eve having been notified of their reception a day or two before his death. He had never seen the discourse in print, and by his sudden demise was denied the pleasure of reading it.

In the spring of the present year the Nashville Medical College was commenced, and Dr. Eve was elected Professor of Surgery and Clinical Surgery, which position he held at the time of his death.

On the 25th of January, 1876, Dr. Eve was unanimously elected an honorary member of the Academy of Medicine in Pulaski.

Dr. Eve died suddenly, at the bedside of a patient to which he had been called, November 3d, 1877.

Personal.

—Professor Louis H. Duhring has recently been appointed dermatologist, Dr. Charles K. Mills neurologist, and Dr. E. O. Shakspeare ophthalmologist to the Philadelphia Hospital.

—At a recent sitting, the Municipal Council of Paris formally accepted the legacy of M. Moiana, who has bequeathed to the city of Paris a million of francs, for the foundation of a hospital to bear his name, and in which sick and indigent women should be received.

—Speaking at Vienna on the 20th ult. Professor Billroth said: "To-day I have performed my one hundredth ovariotomy. What a large number this would have appeared only a few years ago! But how small beside the brilliant roll of Spencer Wells. The work he related to the British Medical Association at Manchester excites our highest wonder and admiration."

—The St. Louis *Clinical Record* complains that the Missouri Medical Law is not enforced.

QUERIES AND REPLIES.

Dr. F., of Pennsylvania, would be glad to receive the opinion of any one that wore lung protectors; when to apply, and the proper time to take them off; whether advisable for weak lungs or not.

OBITUARY.

DR. MARTYN PAINE.

This eminent medical author and teacher died recently in New York. The deceased was born in Vermont, and received a classical education at Harvard College. After graduation he applied himself to the study of medicine, and after some years acquired a lucrative practice in New York City. He was elected to a chair in the Medical Department of the University of New York City, and also occupied the position of Treasurer of the College.

CORNELIUS R. BOGERT, M. D.

Dr. Cornelius R. Bogert, one of the oldest and most esteemed physicians of New York City, died at the advanced age of 76 years. The deceased was born in New York on February 26th, 1800, his father being John G. Bogert, a distinguished lawyer. Upon the organization of the New York Life Insurance Company he was appointed its medical examiner, and retained the position until his death. His health began to fail about two years ago, and he was obliged to relinquish the larger part of his very extensive practice and confine his labors to his duties as medical examiner.

MARRIAGES.

DELL—GARDINER.—On the 31st ult., at the residence of the bride's parents, by the Rev. Edward Dillon, assisted by the Rev. L. Kirtley, Frank P. Dell and Ida W., daughter of D. R. Gardiner, M. D., all of Woodbury, N. J.

WILLIAMS—FOOTE.—At the residence of E. Howard Hutchinson, Esq., Buffalo, N. Y., November 7th, 1877, by Rev. J. M. Henderson, W. H. Williams, M. D., of Brooklyn, New York, and Susanna Throop, daughter of the late Anson Foote, M. D., of Guilford, Conn.

KEATING—MCCALL.—On Tuesday, the 13th inst., by his Grace, the Archbishop, at 2012 De Lancy place, Dr. John M. Keating and Edith, daughter of Peter McCall, Esq.

SKEGGS—TUCKER.—On November 11th, 1877, at the residence of the bride's parents, Dr. C. W. Skeggs, of Lucas, Ohio, and Miss Emma I. Tucker, of Pleasant Valley, Ohio.

DEATHS.

ANTHON.—In New York, on Thursday, November 8th, at her residence, No. 13 West Thirty-fifth street, in the 85th year of her age, Louisa Anthon, daughter of the late George Christian Anthon, M. D.

BOGERT.—In New York, Saturday, November 10th, Cornelius R. Bogert, M. D., in the 77th year of his age.

BUDD.—In New York, on Thursday, November 8th, Bernard L. Budd, M. D., in the 50th year of his age.

CLARK.—In Tinmouth, Vermont, October 31st, Dr. Theophilus Clark, of Philadelphia, aged 97 years and 3 months.

COOKE.—On the 13th instant, Adelia A. Cooke, widow of Thomas Cooke, M. D.

LINER.—In Minneola, Texas, of consumption, Dr. W. C. Liner, in the 31st year of his age.

PAINE.—At his residence, No. 36 East Fourth street, November 10th, Martyn Paine, M. D., L.L. D., Emeritus Professor of the Medical Department of the University of New York.

ROGERS.—In Brooklyn, on Saturday, November 10th, 1877, David L. Rogers, M. D., formerly of New York, in the 49th year of his age.

STILLEY.—At Mount Lebanon, Allegheny Co., Pa., on Wednesday, November 7, 1877, Dr. H. M. Stilley, aged 32 years.

WATSON.—In West Topsham, Vermont, October 7th, Nancy C. Watson, wife of Dr. O. L. Watson, aged 43 years, 2 months and 6 days.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION, CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de lêre classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

DUREL'S SYRUP

OF

TAR AND IRON,

Prepared by DUREL, Pharmacist, Paris.

The combination in one preparation, of the stimulating and balsamic properties of Tar with the tonic properties of a salt of iron, is a desideratum, which has at last been attained in this preparation. The indications for such a remedy are many, but it has been found especially useful in CHLOROSIS, BRONCHIAL CATARRH OF THE BLADDER, CHRONIC UTERINE DISCHARGES depending upon an enfeebled or relaxed state of the system. It is sold by chemists generally.

PARIS, 1867. Prize Medal.

1868. Silver Medal.

1872. Gold Medal.

1873, VIENNA. Medal of Merit.

BOUDAULT'S PEPSINE

IN POWDER, also WINE, ELIXIR, SYRUP, PILLS, AND LOZENGES OF PEPSINE.

Since the introduction of Pepsine by Boudault in 1854, **BOUDAULT'S PEPSINE HAS BEEN, AND IS STILL CONSIDERED, THE MOST RELIABLE,** as is attested by the awards it has received at the Exhibitions of 1867, 1868, 1872, 1873, and in 1876 at the Centennial Exposition in Philadelphia.

IT IS THE ONLY PEPSINE USED IN THE PARIS HOSPITALS.

Careful tests will enable any one to satisfy himself that **BOUDAULT'S PEPSINE HAS A DIGESTIVE POWER AT LEAST DOUBLE** that of the best Pepsines in the market, and that it is really the cheapest.

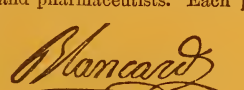
It is Sold in 1 ounce, 8 ounce, and 16 ounce Bottles.

Beware of so-called French Pepsines bearing fictitious names, and prescribe Boudault's only.

BLANCARD'S PILLS

OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverized iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of



Pharmacien, No. 40 Rue Bonaparte, Paris without which none are genuine.

BEWARE OF IMITATIONS.

E. FOUCERA & CO., Agents,

NEW YORK.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses,* without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive. delicate woman or child.

3d, It is *less costly ;* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say : —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
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THE

MEDICAL AND SURGICAL REPORTER.

No. 1083.] PHILADELPHIA, DEC. 1, 1877. [Vol. XXXVII.—No. 22.

Original Department.

Communications.

IS THERE NOT AN ELEMENT WANTING IN THE CONSTRUCTION OF THE OBSTETRIC FORCEPS?

Read before the Philadelphia County Medical Society,

BY J. A. M'FERRAN, M.D.

Physician to the Gynecological Hospital.

Mr. President and Gentlemen:—The question involves the whole subject of artificial delivery, and enlarges as we consider it. There has been so much said and written upon the forceps, its use, and the relative merits of it and other means as resources of art in labor, that the mere mention of the name may awaken feelings of fatigue, and call up the remembrance of an oft-told and tedious story. But the fact of so much having been written is presumptive evidence that the subject has not been exhausted, and that the medical world is not at all in harmony about the matter.

Here, in this very hall, as in like places, opinions have been opposed by opinions that had been repeated again and again, and used as arguments by masters in the profession, to convince those equally armed and argumentative on the other side. Having seen those with presumably equal skill, equal learning, and equal honesty advocating opposite doctrines, it need be no matter of surprise if here and there, among the laymen of the profession, we find those who are more befogged than enlightened by the discussion, and who have good reason to doubt the truth or superiority of either side. We are taught, at least, by these discordant exhibitions, that the shackles of authority are but cobwebs, too weak to bind any save those who are too indolent to think, or too time-serving to assert their own independence.

Why is it that experience and reason have not, since the use of the forceps was first made known, in 1733, by Chapman, marked out a certain course in an art, where, if anywhere, mathematical certainties in medicine ought to obtain? Seeing that operative interference in labor is said to be subject to scientific mechanics, where forces become quantities, and directions multipliers or divisors. Mathematical problems are self-corrective in their solution; statements are shown to be errors or facts by the combination of numbers; and as mechanics is the arithmetic of forces and lines, here results should be as open to correction as in any other branch of mathematics. Then why is it that such diverse opinions should be held by confessedly able men? As upon these differences in opinion among obstetricians hinges what I propose to offer, I may be permitted, in the absence of one more competent, to attempt an explanation.

There is but little or no dispute about labor as a physiological act; the question arises when the intervention of art is proposed, and resolves itself into one of personal skill. The result of individual effort is offered in evidence in favor of the method used, and unfairly against the method not used. I boldly affirm that each case of difficult labor is a case by itself, and because a certain method used brought about its successful termination, that is no proof that it could not have so terminated if the procedure had been different. Nor does it prove,

by any means, that it was the safest, the most rational, or the best. And, inasmuch as it is a great deal easier to tell the truth about the means used in a certain case than to give a correct account of the condition of the parts, their relative size and positions, it should count as nothing, as opposed to another case named by the same name, but treated in a different manner.

Again, a kind of mystery attaches to a case of difficult labor, and the artificial means used to facilitate or accomplish it, partake somewhat of the nature of the occult. But like all mysteries, when stripped of the paraphernalia with which habit and credulity have enveloped it, nothing but a mere skeleton of conceived greatness, in the shape and homely form of common every-day facts, is revealed. And if but half of what is daily told of the "hair-breadth escapes" of women in travail were true, marvelous indeed was the skill that relieved or rescued them, and would be sufficient to make those less-gifted shrink back in awe before such greatness, and be but too willing to hide their own littleness in the shadow following it. But let us not insult our own understandings, by reasoning upon statements of facts that were never seen in broad daylight; statements, albeit, honestly made, but gathered in the dark, by deceptive means, and of necessity removed far beyond verification or correction. A physical impossibility is as great inside of the body as out of it, and if we strip a case of labor of all sentiment, of all preconceived notions and theories, and reduce it to a question of undiluted facts, we know that an egg-shaped substance, three and a half inches in its shortest diameter, cannot pass through a hole that is only three inches across it, and that to force it through, the power used in the effort must be directed, either to enlarging the hole, or reducing the passing substance. It needs no argument to prove that no amount of skill can evade this fact, and that the only skill required is to keep the long diameter of the egg in a line with the axis of the hole, and force, applied by any hand that you please, will accomplish all that is possible. We have been told by distinguished obstetricians, that from experiments frequently made, the fact is established that the fœtal head cannot be compressed more than half an inch and preserve its integrity; if so, and it is reasonable to believe it, how is it possible to believe other than that the cases of extraordinary deliveries through contracted pelves were attended by some mistakes in measurements? If so, and they were accomplished after repeated failures, it must have been the result of a correction in the line of traction, and not a sequence of any mysterious manœuvre.

So long as the pelvis and fœtal head preserve normal relations and positions, there can be no question as to the modus operandi of the forces used in expelling the child. There is not, nor can there be, any mystery in natural labor. The principles that govern it are known to all. We know the measurements and configuration of a normally-formed pelvis, and it requires no labored thought or nice calculations to comprehend the easiest course for a normally formed head to take, to pass through it. About as good and as simple a conception of it as I have heard of, was given to me by a fellow student, who suggested the idea of placing myself in relatively the same position as the child. This is a simple problem, and there is no dispute about the solution, because known facts are presented, all mystery is avoided, and deception is impossible.

But all pelves are not normally-formed, nor are all heads relatively adapted to them, but oftener so than we are taught to believe. And it is not often possible to tell at the bedside the exact character or extent of the aberration. I would not be far wrong if I should say we never could. For the revelations of the dissecting room are as variable as the leaves of the forest, and are only somewhat like the deformities we meet with in the lying-in chamber. That two of these should be alike would be a mere accident, a coincidence that would not happen in the same lifetime. If it were otherwise it would be in strange contrast with abnormal growths in other parts of the body. Here, as elsewhere, deformity is only a result of a departure from healthy development; the limits to that departure are set by no certain rule, and consequently the growth has no standard in shape or size. Then who can measure it or comprehend it? Who can tell of it or describe it? I am fully aware that there have been those who have said they could. But how often have we seen the efforts of the expert prove only an experiment? An evidence of skill if successful, and an exhaustion of all the resources of art, if a failure. These stand in complete antithesis to the normally-formed pelvis. There known rules can be applied to

known conditions, but here we are required to adapt certain means to uncertain and obscure malformations. To make a straight line coincide with a crooked one. To do the impossible.

Yet, in the face of all this, the attempt is made to make the result of personal experience a basis for a system which proves upon application uncertain, and often as injurious as beneficial, if at all capable of being followed by another; and it would seem that undefined deformities would preclude any satisfactory classification of them, and deter even the best qualified from making the attempt to harmonize a thing so multiform and inconsistent with any rule in mechanics, except that which rests upon the general principle that two things cannot occupy the same place at the same time. And we cannot account for the attempt to do so, except on the ground that human thought, like all things else, when pursuing a certain course for a long time, is apt to run in channels. Pride of opinion and consistency hedge them in; hence the advocacy of peculiar doctrines becomes a part of man's nature, and in defending them he defends himself. Pet schemes, the result of thought, what he said and what he did, become his household gods, consecrated by habit and glorified by practice. Hence men differ in the gods they worship when they make gods of themselves. They do not differ in things that they can see, touch, and handle, that they can count and measure. Nor do they differ much about things that they can reason upon from known, undisputed facts, but they will differ when an appeal is made to their faith; when a thing is but dimly revealed; when it is guessed at, not measured; and always in argument, when the premises are the questionable results of individual observation and judgment. And they differ in operative midwifery, because one obstetrician's skill has been directed in a contrary direction to his opponents; because operators magnify their office; because one case cannot be fairly compared to another, and depends upon individual judgment for even a proximate understanding of its peculiarities, which is seldom unbiased; and because the thing disputed about has never been revealed, and if seen, even obscurely, it was only by one party, and has only such an appearance as his success seemed to justify him in giving it.

Admitting, from the nature of things, that there must always remain an obscurity in cases of unnatural labor, on account of the variable extent of malformation, and the relation of parts, and that individual judgments may differ as to the shape and character of the deformity, may it not be possible, by the observance of some general principle, to harmonize the treatment, when delivery is possible?

These differences in opinion have prompted to a thorough investigation of the subject, and enlisted some of the ablest men in the profession in the search. And although they have settled but very little on a firm basis, we may gather much from what they have done that is very valuable. They may be likened unto the alchemists of old. If they have not discovered the philosopher's stone, and transmuted all they touched into gold, they have brought to light something as good as gold. They have shown non-partisans, at least, that there is some excellence in both sides of a question.

For instance, in the notable difference in opinion in relation to the relative merits of podalic version and the use of the forceps in the arrest of the head at or in the superior strait. And it merits our attention, on account of the ability of the advocates of each, who have advanced all that can be urged in defence of their respective methods. That there is merit in each admits of no further argument. But the history of obstetrics is full of evidence that statistics are as faulty here as elsewhere, one-sided in their bearing, and furnished to sustain particular views.

That there is some principle brought into play in version, not free to operate in delivery by the forceps, is manifest from the facility with which the head passes through the pelvis after turning has been completed. As urged by Professors Simpson, Goodell and others, the engaging of the bimastoid diameter of the head in the sacro-pubic diameter of the superior strait, may, and I believe does, have something to do with it; but if this were all, the advantage would be lost. Were the head fixed to a certain course by a force extrinsic to that given by the mechanical laws acting within the pelvis, as in the use of the forceps, the advantage would be of no account. In delivery by the feet, freedom of accommodation is preserved to the head, and herein lies, in my opinion, the chief advantage of podalic version as an operation of choice. And as an operation there seems but one thing wanting, and that is a safe application of power. But where the question of the strength of a

child's neck is raised, and involves the question of life and death, we pause. Still, if the dangers to the child ended here, skill might evade them, or at least sink them to a level of those attendant upon other means. But necessity for haste, bringing down the arms, the pressure upon the cord, and detachment of the placenta, compel us to say that, in spite of its seeming simplicity the chances of death for the child *are* so great, that the operation should be left in the hands of the expert. And while we acknowledge its advantages and the high standing of its advocates, we must note the fact that the world's verdict has been against it on every appeal; and although here and there we meet those who, by personal skill, have been able to give it a following, the dangers attending it in less skillful hands are so much against it, that it cannot be called a safe operation, or one that should be recommended. If we could carry the advantages of version over to the forceps, we might do much to harmonize practice; for we can use as much force with the forceps as is necessary without any direct risk to the child. But as the case now stands, it is a question in my mind, whether its successful rival is not, upon the whole, as dangerous as it. on account of the facility with which it may be used, and the ready means it offers for despatch in cases where nature would prosper better by non-interference. There has been but little improvement in the construction of the forceps since the days of Smellie and Levret. Many suggestions have been made and carried out, as to minor details, and have been adopted by different obstetricians, a part by one, and a part by another, as they happen to suit their ideas of scientific mechanics. Baudeloque said that "It is not the instrument that operates, but the hand which directs it;" and his words have passed into a professional aphorism. What he said is too true, and it is one of its greatest defects. Instrumental delivery, at best, must be considered an uncertain problem, one of blotted lines and broken curves, where propositions are suppositions, and based upon uncertain comparisons. Hence, an instrument certain in its operations, definite in its movements, and manipulated in the dark, must need great skill indeed in its handling, to avoid dangerous contacts. I know I am treading on dangerous ground; and to venture out of paths time-worn, and trod by weighty men of the profession, will subject one to difficulties which will require boldness and consideration to encounter. Education, habit of thought, and successful practice, I fear, will shut me out from a patient hearing in the declaration that it is impossible to produce traction in a proper manner, with the forceps as now constructed, and that by fixing the head we destroy all power of accommodation, and make it a part of a lever, and that thereby we often rather impede than expedite labor.

The use of the forceps, for years, in skilled hands, has made them a fixed fact; the perfection of the instrument has not been questioned. Volumes have been written upon its use, and volumes more how to use it. And now, at this late day, to go back to the starting point, looks like a dream of wayward fancy, or a foolhardy attempt at innovation.

I admit that skill may do much, and the facile hand of the expert blind the eye of reason, by its dextrous manipulations; but when the brilliancy of the operation has somewhat faded, and the cunning of the hand is forgotten, what I now say may be at least a hint, which some one hereafter may develop into an admitted truth. But happily, in the free republic of science, it is no treason to think, the frown of authority is no longer terrible, and a profession of faith contrary to received opinions no heresy.

But in departing from the teaching of the masters in the art, I acknowledge their greatness, and it is not without misgivings that I attempt to break the thraldom of common consent to laws, so generally considered fixed, and so universally binding. And respect for their fairly-earned positions, and the honor to which learning and industry justly entitle them, demand of the dissenter something more than a simple abjuration of faith. I, therefore, beg leave to say, if in what follows I seem dictatorial, it will arise more from the nature of demonstration than arrogance. Facts in science are hard and cold, and to be effective, cannot be softened by sentiment, or tempered to suit the fashion of the times. And if what I say contravenes the dicta of my teachers, I cannot, if I would, use the argument of faith, and ask you to believe from the result of my observation, my judgment, and my skill. But shall argue from facts known, admitted, and universally operative.

(*To be Continued.*)

LACERATION OF COLON FROM EXCESSIVE DISTENTION.

BY L. L. SHARP, M.D.,
Of Medford, N. J.

Thomas G., aged eighty-two, suffered for the last five years from constipation and its ordinary concomitants, occasionally requiring medical assistance. Notwithstanding the use of such remedies as his condition suggested, his difficulty was in the main progression, and cathartics had little effect beyond increasing his distress, without any corresponding benefit; the dejections, therefore, being meagre and altogether unsatisfactory. Two weeks before his death the symptoms became much more urgent, there being severe, frequently recurring, colicky pains in the left inguinal region, increased fullness and pressure, nausea and vomiting, with almost complete failure in his oft-repeated efforts to have an evacuation. As usual, all remedies given *per orem*, with a view of promoting action of the bowels, failed, and were soon abandoned, resort being had to quieting his stomach, hypodermic injections of morphia for the pain. with turpentine and other enemata, to induce the bowels to relieve themselves. The stomach became quiet and tolerant of liquid nourishment, the pains very much ameliorated, and the injections were responded to by discharges of fecal matter more or less copious, but still insufficient. A few days prior to his death his condition seemed improved, and very much so during the last two days before the accident which precipitated the fatal result. He had had a spontaneous action of the bowels, and felt very much better, dismissing his attendant for the night for the first time in two weeks, and anticipating a good sleep, as he had had the night before. All went well as he had hoped until between three and four o'clock the next morning (October 6th), when he was suddenly awakened by what he described as a "report of a pistol," and at the same time a violent pain in the left side of the abdomen. His cries soon brought to his bedside the startled household. I was summoned and saw him within an hour afterward, and found him in a state of collapse and frightful suffering. Gradually sinking, he died in eleven hours after the sudden change in his condition.

At the post-mortem, in which I was assisted by my friends Drs. Reeve and Braddock, upon opening the abdomen the peritoneal cavity was found filled with semi-fluid fecal matter, and every loop and fold of the intestines were completely enveloped by it. A diligent search in the left portion of the abdominal cavity revealed a rupture of the descending colon, about a foot above the sigmoid flexure. The aperture through which the fæces had passed into the peritoneal cavity was irregular in outline and would admit the passage of three fingers. The coats of the bowels in the vicinity of the laceration showed recent inflammation, but there was no gangrene. Six inches below the rupture was found a stricture about two inches in extent, diminishing the calibre of the colon to at least one-fourth its natural size. Above the stricture the bowel was distended by the violent efforts to propel its contents onward. The constriction was apparently the result of the cicatrization of an ulcer of long standing.

THE TREATMENT OF SCARLET FEVER.

BY F. L. SIM, M.D.,
Of Memphis, Tennessee.

Fully aware that the successful management of a few cases of scarlet fever by any particular mode of treatment proves but little therapeutically, yet the influence has been so remarkable in the cases in which I have employed sulphurous acid, that I am inclined to attribute to it the power of materially modifying, if not absolutely aborting, this disease.

February 2d, 1877, I was called to a child with scarlet fever, and having had some sad experience with the ordinary method of treating it, I resolved to adopt an entirely new plan of medication, at least so far as its application to scarlet fever was concerned, since which time I have treated fifteen cases with the most happy results. The nude child was placed upon a stool, a blanket put close around its neck and allowed to hang loosely to the floor, half a teaspoonful of powdered roll sulphur being placed upon live coals on a shovel and slipped under the stool. The patient was allowed to remain in this fume bath for ten or twelve minutes, and the baths were repeated every four hours during the first two days, after which they were suspended, or not given more than twice daily. When the amount of gas escaping through the blanket produced excessive coughing, the gentle use of a fan upon the face of the patient obviated this inconvenience, yet permitted the inhalation of sufficient to relieve the inflamma-

tion of the throat. In seven cases, the temperature, during the first thirty hours, reached 104° to 104.6° in the axilla, the eruption making its appearance on the morning of the second day, preceded by marked cerebral disturbance. The temperature in five cases registered 102.8° to 103.6°, the exanthem developing on the first day of the fever. Three cases exhibited prominent evidences of gastro-intestinal congestion, on the first day of the attack, with a bluish, mottled skin, and indistinct eruption. Hot-water mustard baths restored the equilibrium of the circulatory system, and encouraged the eruption. Fumigation was not resorted to in either of these cases until the congestion was relieved and the eruption moderately well developed, which did not take place until the second day, when the throat symptoms had assumed considerable prominence. The temperature of two of the cases, at this time, touched 105°, while that of the third ran up to 106.4° during the evening and night of the second day. A marked diminution of the temperature was observed at the end of fourteen hours from the commencement of the fumigation, in three cases. A decline, reaching almost a natural temperature, was recorded in ten cases, at about the twenty-fourth hour after the first bath. Two cases were complicated with malarial fever, and the temperature very irregular, the evening exacerbations continuing until arrested with sulphate of quinine. The temperature did not remain above *natural* in any of the cases more than seventy-two hours after the commencement of the baths, and with most of them the thermometer did not indicate more than 99° or 100° after the lapse of thirty hours.

Pseudo-membranous deposits appeared in the throat with the angina in three cases, in one of which the œdema of the soft palate and uvula, together with the enlarged tonsils, from parenchymatous inflammation, rendered deglutition extremely difficult and painful.

Six of the other cases presented prominent throat complications. The throat symptoms in the remaining cases did not assume special prominence before the fumigation was resorted to.

The influence of the gas upon the throat in all of the cases was most remarkable, the diphtheritic deposit being speedily arrested, and relief obtained from the most distressing symptoms in a few hours, the mucous membrane of the mouth and throat being restored to its natural color in two or three days. Equally as fine an influence was produced upon the enlarged cervical glands.

The intense redness and soreness of the tongue always following the removal of the white coating in severe cases, the result of exfoliation of superficial epithelium, has never put in an appearance under this treatment. The swollen papillæ rapidly diminished in size. Before the administration of the baths, in eight cases, the exanthem was intense, such as is usually followed by an abundant lamellar desquamation, yet in these subjects it was extremely delicate and furfuraceous; thus, to my mind, arresting and preventing the usual inflammation of the skin, and the sequelæ which follow as the necessary result of the deep wholesale destruction of that tissue. In all of the cases the eruption lost its bright redness during the first fifty hours of the baths, some much sooner. This was not due altogether to the reduction of temperature and lack of fever, for in those cases associated with malarial trouble the evening paroxysm failed to reproduce the intense hyperæmia. In no case has this treatment been followed by sequelæ. It may not be amiss to remark here, that, since the appearance of scarlatina in this city (August, 1875), it has been unusually grave and fatal, compared with the number of cases reported, and that sequelæ have been the rule rather than the exception.

One could not help noticing the rapid recovery of children treated by this method, compared with those medicated in the ordinary way, or left entirely to the *vis medicatrix naturæ*, Their general appearance on the fourth or fifth day of the eruption did not forcibly remind the investigator of scarlet fever, the skin almost natural, strength not much impaired, rapidly regaining the appetite, rendering it impossible in many instances to keep the patient in bed.

A little quinine was given to most of the children during convalescence; with this exception no medicine was taken internally.

The bath seemed to intensify the hyperæmia in some cases for a few hours, *but no itching sensation ever appeared.*

In all of the cases attended with an intense exanthem miliary vesicles presented themselves, sometimes in great numbers, but never until the general hyperæmia had begun to disappear. I have noticed this form of the erup-

tion frequently when employing hydro-therapeutics, but never so generally diffused over the whole body. I suppose it to be the result of the local irritation of the acid.

Two cases not included in this report were treated (at the same time) with the sulphur baths in conjunction with oiling the skin. This combination was not attended with the good results anticipated, as one recovered much more slowly, the redness of the skin persisting for a number of days, desquamation delayed, lamellar, and excessive. The other suffered from renal disease. I have used water saturated with the gas, in the form of spray, upon the throat, with good effect, but much prefer the fumes. I have also used this solution internally, but without much apparent influence.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC FOR THE DISEASES OF WOMEN, NOVEMBER 2, 1877.

BY PROF. T. GAILLARD THOMAS.

Reported expressly for The Medical and Surgical Reporter, by P. Brynberg Porter, M.D.,

Epithelioma of the Cervix Uteri.

Before bringing in the first patient whom I have to show you to-day, gentlemen, I wish to present to you a specimen, for which I am indebted to the kindness of Dr. B. F. Dawson. It is, as you perceive, a mass of tissue, which, upon one side, has the appearance of a piece of cooked meat, as in reality it is; while, upon the other side, it presents a gangrenous and putrefying surface. The specimen is taken from a case of the same character as I have shown you a great many times here already, and which, unfortunately, I shall, no doubt, have the opportunity of showing you many times in the future, viz., cancer of the cervix uteri. The patient from whom this was removed presented the well-known symptoms, the cachexia and the profuse hemorrhages, alternating with watery discharges, to which I have so often called your attention.

In considering whether to operate in these cases, it is well to observe the general rule, that, if it is possible to remove the whole of the diseased surface, it is commonly a wise procedure to do so. If such is the condition of the parts, the operation is not attended by much danger, and it at least accomplishes the good result of a considerable retardation of the progress of the disease.

Unfortunately, it is exceedingly rare for a patient to be entirely cured in this way, as, in the course of a year, at most, the affection usually returns. Were I to give my own experience, I should say that it makes its reappearance, as a rule, within six months, and very often in three months, after the operation.

If, on the other hand, the disease has spread so as to involve a considerable portion of the body of the uterus, or the walls of the vagina, still less can be accomplished by the operation of removal, and it should only be undertaken for the sake of checking severe hemorrhage, or averting, to some extent, the danger of septicæmia from such a large sloughing mass in the vagina. At best, it is purely a palliative measure; but it may have the effect of somewhat prolonging life, or, at least, of making the patient more comfortable.

Eight years ago I removed a cervix which was pronounced, by Professor Delafield and other competent microscopists, to be cancerous. One year afterward the patient married, and up to the present time (for she still returns annually to show herself at the clinic) there has been no return whatever of the disease. But this is absolutely the only case, where I have operated, in which the carcinomatous growth has not reappeared; and the number of my operations for this affection must be pretty large by this time, as I perform at least five or six of them every winter. You may, perhaps, ask why cancer of the uterus should be so different, in this respect, from that situated in many other parts of the body, and I will explain this to you. When the seat of the disease is upon any of the external parts, the patient's attention is directed to it (as, for instance, by a little lump in the breast), at a very early stage, and before the general system has become involved.

In the uterus, however, cancer goes on developing for months, entirely without the knowledge of the patient, since any indefinite symptoms to which it may give rise are very apt to be attributed to the change of life, if the patient is approaching the climacteric period. At last, during coitus, and without any apparent cause, there comes a profuse gush of blood, and the patient, becoming alarmed, seeks medical advice. The physician, after making an examination, reveals to her the nature of the case, if he thinks best, and tells her that the disease has been developing for six months, or perhaps a year. The truth is, that the cancerous growth has been out of sight, and, therefore, out of mind, and it has now passed beyond the stage when amputation of the cervix would probably have cured it.

Some years ago the famous Lisfranc reported over a hundred cases of successful amputation of the cervix, followed by the most brilliant results. Some of them were cases of malignant disease, and some of hyperplasia of the organ due to some other cause, and his success at once brought the operation into great repute. Not long afterward, however, his interne pub-

lished a second report of the same cases, which showed that Lisfranc's statements were frequently false, and that a large number of the cases had died soon after the operation This occasioned a notable controversy in medical circles in Paris, and had the effect of throwing a great deal of discredit on amputation of the cervix, which has prevailed in the profession until quite recently. When performed by the knife or scissors, it is apt to be exceedingly dangerous, from the severe hemorrhage almost unavoidably occasioned by it, and at the present day I hold that it is very wrong to run the risk of using such means, unless some particular end is to be gained by so doing. By far the best and safest method of removing the cervix is by means of the galvano-cautery. A platinum wire, the tension upon which is regulated by a screw, is made to encircle the cervix, and imbedded in the tissues at the point where the amputation is to be made, which should be entirely above the seat of disease, if possible. When the wire is brought to a sufficient temperature by the electrical current, it is slowly tightened, and at the same time continuous and somewhat forcible traction is made upon the portion of cervix to be removed, by means of a strong pair of sharp-toothed forceps. This latter procedure has the effect of producing a hollow-shaped stump, and in this way a great deal more of the tissues of the uterus is removed than if the amputation is made straight across. In this operation there is almost no danger, and I have seen a bad result follow it in but one out of the very large number of cases in which I have employed it. This result was pelvic cellulitis; but even in that case there was some doubt whether the cellulitis was really caused by the operation. The hemorrhage from it is exceedingly slight, frequently not amounting to ten drops altogether; and Dr. Byrne, of Brooklyn, who has, perhaps, used the galvano-cautery more frequently in the amputation of the cervix than any one else, attributes the remarkable immunity from septicæmia which has been noticed after it to the fact that the absorbent lymphatic vessels are all closed by the operation.

Recently, I was summoned to a neighboring city to testify in a suit for malpractice brought against a physician of high standing, by a patient in whom he amputated the cervix five years ago with the galvano-cautery. The condition on account of which the suit was instituted was the closure of the uterine canal (which prevented the escape of the menstrual blood), in consequence of the operation; but I was not called upon to give my opinion in the case, for the reason that the judge very wisely gave his decision in favor of the defendant before it came to trial at all. These contractions, I may explain, follow the use of the galvano-cautery in the majority of instances. Some writers claim that atresia of the uterine canal invariably results from amputation by it; but, from my own experience, I can emphatically deny this. Only three days ago, I saw, with Dr. J. B. Hunter, a patient in whom we performed the operation by this means some little time ago (on account of an exceedingly long and conical cervix, which actually projected from the vulva and entirely prevented sexual intercourse), and we found the canal quite as large as in the ordinary normal uterus. In perhaps forty out of fifty instances, however, there will result more or less narrowing, though it is not very common to find complete closure of the canal after the operation. But the advantages of the galvano-cautery in appropriate cases, it must be acknowledged by all, far outweighs any such disadvantage as this; and even if there is complete atresia of the canal, it is not at all a difficult thing to remedy, by means of incision and the retention for a short time of a plug in the os uteri. Surgeons do not give up the amputation of limbs because once in a while, without any fault of theirs, the patient afterward suffers from neuralgia of the stump, or is unable to wear an artificial limb upon it; and neither should we give up amputation of the cervix by the galvano-cautery because atresia occasionally results from it.

Results of Pelvic Cellulitis.

The first patient whom I have to present to you to-day, gentlemen, is Mrs Winifred B., a native of Ireland, and 56 years of age. She has been married thirty years, and has had four children and two miscarriages. The menopause occurred ten or eleven years ago, but she says she always enjoyed good health up to six months ago. At that time she was confined to bed for the greater part of nine weeks, and tells us that she sufferred principally from great weakness and a terrible heat across the waist, but not much actual pain. The doctor who attended her told her that she had taken cold and had inflammation in her side. At the present time she still complains of "a heat across the bowels." Now, this history pointing directly to the pelvic organs, I made an examination, and found the uterus, as we would naturally expect at her time of life, very much atrophied. This organ, which is such an insignificant and useless appendage in early life, and which later plays such an important part in the female economy after the menopause, returns to pretty much the same condition as before the age of puberty. The patient told me that she feared that she had falling of the womb, but in her case I found prolapsus to be utterly impossible, because the uterus was held securely in its place by strong inflammatory adhesions. When I attempted to pull forward the cervix by placing my finger behind it, she at once exclaimed, "That's where it hurts me," but no other manipulations about the organ gave her any pain. Now what did this mean? The attack of illness six months ago of which the patient had spoken at once occurred to me, and I concluded that it must have been one of pelvic cellulitis. Through the vaginal walls I could easily feel the deposits of inflammatory lymph, the rectum was

firmly glued to the sacrum, and all the pelvic tissues were more or less matted together.

But if I had dismissed the patient without pursuing the examination any further, I would have made a great mistake, and so I now resorted to conjoined manipulation to see if anything else would be revealed about the case. At once I felt a mass above the symphysis pubis, which seemed to me exactly like a distended bladder; but when I had emptied the bladder by means of the catheter, the tumor remained just the same, with the exception of having sunk a little lower down. It was found to be quite tender on pressure, and the patient was anxious to know whether she had a tumor or not. In such a case as this it is well both for the patient and the physician to recognize that there is no tumor, properly so-called, present. We frequently read in the journals (particulary the European ones) of the removal of large fibroids in three months by the use of hypodermic injections of ergotine. Now I do not doubt the honesty of the gentlemen making these reports, but I have not the slightest doubt that a great many of these tumors exist only in the imagination of the operators. Recently I saw a case of supposed fibroid tumor which had been treated in this way for six months by a very excellent gynecologist, but without result. The marks of the hypodermic needle all over the abdomen bore witness to the truth of the patient's statements. On making a careful examination I found that, instead of a fibroid, I had only to deal with a retroflexed and intensely engorged uterus. In the course of a few weeks there was no tumor to be found. Now suppose in this case the uterus had been suddenly replaced by the patient's falling on her face, or some other accidental means; it would have been put on record forever as a case of fibroid completely cured by the use of ergotine.

The tumor which we have to deal with at present, if my diagnosis is correct (and I think there can be little doubt that it is), consists of a mass of lymph in the abdominal peritoneum, matting the intestines together, and it will disappear in the course of time, whether we employ ergotine or do not. I do not wish to decry the use of this agent, which I frequently employ myself, and which I think is sometimes of considerable service; but I do protest against the overweening confidence which some authorities express in it, and which is so apt to mislead and cause chagrin and disappointment to young practitioners. In the present case my diagnosis is confirmed by the history, and as fibroid tumors are almost invariably developed during the menstrual activity of the uterus, it is, to say the least, extremely improbable that one should make its appearance so long after the organ has become atrophied. From the illness which occurred six months ago, the two principal results have been the pinning down of the cervix by inflammatory adhesions in the manner above mentioned, and the formation of this "tumor."

As to the prognosis, the latter will probably disappear entirely in the course of three or four months, under appropriate treatment, and in a somewhat longer time if no treatment at all is employed. I would recommend here, as I would in a case of chronic pleuritis, the use of steady counter-irritation. A small blister (say about four inches square) should be applied over the symphysis pubis, and the next morning dressed with simple cerate spread upon lint, which should be retained in place by adhesive plaster. This should be repeated about every two weeks, until the products of inflammatory action have been gotten rid of. A blister in this position is apt to sometimes cause strangury; but about ten years ago I learned from a country practitioner the "dodge" of leaving the tissue paper over the blister where it is applied, and since then I have not had a single case of strangury produced by one. The tissue-paper does not interfere in the least with the action of the blister, and it is claimed that it absorbs the cantharidin, which is supposed to be the principle which causes this effect. Still, strangury is not a very common occurrence, and it may possibly be that this immunity may be only the result of accident after all. I think that our patient will return in about two months, so that we can see how far she has improved under the treatment. These true "peritoneal tumors" are not phlegmons at all, but are the results of peritonitis.

Chronic Ovaritis.

Mrs. Josephine M., a native of Ireland, and twenty-nine years of age. She has been married six years, and has had one miscarriage (five years ago), but has never had a child at full term. This is a very striking case, and I would have you observe the history closely. She says that she has never been well since she had the miscarriage, though previously enjoying excellent health, and that she suffers all the time from a severe pain in the left side, which runs down the limb as far as the knee. She also has pain in the back, leucorrhœa, and some dyspareunia, though this is not marked. Her menstrual periods occur regularly, but she suffers from the most intense pain for three days after the flow ceases. During the flow she has no unusual pain, and frequently feels better than at any other time; but before it comes on she has a feeling of nausea and of heaviness about the pelvis. About a year ago, while on a visit to Ireland, she consulted one of the most able gynecologists that I know of, either in Europe or America, Dr. Kidd, of Dublin, and he performed an operation for her.

The symptoms are perfectly clear in this case: the persistent pain in the left iliac fossa, and the peculiar dysmenorrhœa, which is not really dysmenorrhœa at all, and ought to have some other name. The one which Priestly has given such cases, viz., *intermediate dysmenorrhœa*, is not strictly correct, but it serves to describe the condition. In one case which came under my

care this intermediate dysmenorrhœa occurred on the fourteenth day after menstruation, and so regular was its recurrence that the patient always went to bed early upon that day in anticipation of its approach. In another case it always came upon the ninth day. In both instances it was due to the same cause as the present case of post-menstrual pain. The operation which Dr. Kidd performed was incision and dilatation of the cervix, and if it had been a case of obstructive dysmenorrhœa (as he, no doubt, thought it was) it would certainly have been cured by the operation, for the cervical canal is still widely dilated. Unfortunately, however, the patient has suffered just as much since as she did before it.

But I have not told you what is really the matter with our patient. On making an examination by conjoined manipulation, I found the uterus normal in size and position, and the cervix very much dilated, as I mentioned. On the right side of the organ I could detect nothing abnormal, but on the left side I distinctly felt the ovary, as large as an English walnut and acutely sensitive to the touch. What is the matter with the patient? That ovary. She is suffering from chronic ovaritis, which has continued ever since she had the miscarriage five years ago. For some reason which I do not know, ovaritis is much more apt to follow an abortion than it is labor at full term. This is the condition of the ovary, and no operation, short of extirpation of the organ itself (which I do not recommend), will cure it. It is this which gives rise to all the neuralgia, the engorgement of the uterus and the leucorrhœa consequent upon it, the dyspareunia, the post-menstrual pain, and the nervousness of the patient, to which I have not before called your attention. It is always well at the end of a diagnosis to look back on the case and ask yourself the question whether it is really correct or not. As to the case before us, I know of nothing else than the condition spoken of which would produce just such symptoms. All the symptoms are fully accounted for on this supposition; and the evident presence of the enlarged and inflamed ovary, itself, leaves no room for doubt in the case. The feeling of nausea and undefined distress just before the menstrual flow, of which the patient complains, is entirely characteristic, and is due to the congestion of the ovary incident to the menstrual epoch. If the organ were in a healthy condition we should not be able to find it at all by conjoined manipulation; but it is so much enlarged that its presence is very plain, and so much distress is given the patient by pressure upon it, that I have no doubt that she could easily be thrown into hysterics by this means. By reflecting how uncomfortable one is made by a blow upon the testes, you can form some idea of her sensations when the unsound ovary is engorged with blood.

In a case like this never promise a cure, for in six months your patient may be no better than she was at the beginning of the treatment, and in that case she will be very apt to reflect rather severely upon you. I believe that Battey's operation has a brilliant future before it, but I would by no means think of resorting to it here, because the patient is not suffering nearly enough to justify us in adopting such an extreme measure. In another case which I have, however, I am thinking of trying it. Both ovaries are irremediably affected, and the patient is bed-ridden in consequence. I have already performed the operation once, and am quite willing to undertake it again. In this case I should advise that electricity be given a trial, and preferably in the form of the constant current, two or three times a week. One sponge electrode should be placed under the affected ovary, and the other on the abdomen above, and to the left of the symphysis pubis. In addition, whenever the patient feels the approach of a menstrual period she should immediately go to bed and remain there. As soon as the flow is over (the time when she suffers most), she should keep a large hot-water bag over the abdomen, and occasionally apply it to the spine also. I have not much confidence in medication in cases of this character; but there is one agent which I use a good deal, and which, in some instances, seems to act quite nicely, and that is the bromide of ammonium. She might take from ten to fifteen grains of this three times a day in some bitter infusion, before, during, and after the menstrual flow, and she ought also to keep her bowels somewhat relaxed at that time, so as to prevent the pressure of fecal matter in the rectum upon the ovary. She should abstain altogether from intercourse with her husband, and were she a patient in the higher walks of life I should recommend a change of air and the entertainments of travel. The latter means often proves of more service than any other in these cases.

Arsenic in Wall-papers and Dresses.

Of fifty samples of wall-paper recently examined by Professor A. P. Kerley, says the *British Medical Journal*, twelve were found to contain arsenic. The arsenic was present either as arsenite of copper or aceto-arsenite of copper. Two samples, not reported, which contained no green color, were found to contain arsenic; and several papers with green figures contained no trace of arsenic. Six samples of green tarlatan, all that were tested, were found to contain large amounts of aceto-arsenite of copper. The higher the price paid, the more arsenic was found. The green coloring matter was held more firmly to the fabric by means of gum arabic and starch. From the results tabulated, it appears that a room sixteen feet square and nine feet high will have spread upon its walls, provided any of these papers are hung, from fifty-two grains to more than eight ounces of poisonous green coloring matter. The remedy is simple; be careful not to buy such wall-papers or dresses.

Editorial Department.

Periscope.

Salicylic Acid in Rheumatism.

In a late article in the *Lancet*, Dr. Julius Pollock writes:—

It is probable that the salicylic acid is the active agent in either case, just as the iodine is the active agent in iodide of potassium; but crude iodine is rarely given now, and in a short time I believe the salicylate of soda will be used in all cases where the action of salicylic acid is desired. It is very soluble, which the acid is not, and it is far less liable to give rise to unpleasant symptoms. I give the preference most decidedly to the soda salt as at present advised, though it is quite possible, indeed likely, that combinations of salicylic acid with potash, ammonia, and iron, may turn out to be very valuable. In any case of articular rheumatism, whether acute, subacute, or chronic, the salicylate of soda should be tried in doses of ten, fifteen, or twenty grains, every two, three, or four hours, according to the severity of the symptoms. It is best to give it alone, or in combination with a little spirits of chloroform or syrup of orange. As a rule, the good effects of the drug are apparent after eight or ten doses; the temperature falls rapidly to normal, or even a little below, the pain and swelling of the joints disappear, and the patient is practically convalescent in two or three days; but it is better to keep up the action of the medicine for a week or so, as relapses are liable to occur if it be discontinued too soon. In some intensely rheumatic subjects it will be necessary to give it again and again before the disease is subdued, and these cases have been used as an argument against its efficacy. Some persons will not admit the value of mercury and iodide of potassium in the treatment of syphilis, and others question the protective power of vaccination against small-pox. All new remedies have to encounter the opposition of ignorance and prejudice, but the evidence in favor of salicylate of soda in the treatment of articular rheumatism is becoming so overwhelming that its great value must shortly be thoroughly established.

No doubt the drug every now and then produces disagreeable symptoms, sickness, deafness, tinnitus aurium, and sometimes a peculiar cerebral disturbance; but these quickly vanish on a discontinuance of the medicine, which may usually be again given in a short time without any such result. In the earlier trials, when the salicylate was not quite pure, these objectionable symptoms were much more common than now. Dr. Murchison has suggested, in an able paper read before the Clinical Society on the 25th of last May, that the disagreeable effects of the remedy are due to suppression of the function of the kidneys, and has found albumen in the urine of patients who were taking the salicylate of soda, even when the drug was quite pure. This may be so, but at present I have been unable to collect any evidence on the subject.

Smallness of the Cerebellum.

In a case described by M. Huppert in the *Archiv für Psychiatrie*, vol. vii, the phenomena observed during life were ataxic disorders of motion in the limbs and spine; impossibility of maintaining equilibrium; uncertain and tottering gait, and difficulty in rising from the horizontal (supine) position. At the age of three years, the patient had had a severe nervous fever, after which he suffered from epilepsy and choreiform muscular disturbances. These disappeared after a few years, but weakness of intellect and the conditions mentioned above remained. The cerebellum was of little more than half the usual size; its form and the proportion of its parts were normal; the layer of gray matter was thin; its consistence was increased, so that the pia mater was easily stripped off. The pons varolii and medulla oblongata were also small, though not so much so as the cerebellum. The corresponding region of the skull was extraordinarily flat. The author assumes the existence of a retardation of the growth of the organ, dating from the third year of life, with a relative increase of the neuroglia. The symptoms of disease of the entire cerebellum are, the author concludes, only motor disturbances, that is to say, ataxic disorders. A high degree of smallness of the cerebellum is to be anatomically compared with its total extirpation, as regards the effect on the function of the organ.

The Treatment of Œdematous Laryngitis.

Tæter and Krishaber, quoted in the *Medical Examiner*, recommend the following treatment in œdematous laryngitis: If it is markedly inflammatory, antiphlogistic treatment should be practiced; one or two general bleedings, and wet cupping in the neck, will give considerable relief, diminishing the inflammation, and lessening the engorgement of the tissues. By means of a spray apparatus, water impregnated with tannin or alum may be applied to the back of the throat. In the absence of a spray producer, a simple irrigator filled with astringent liquid may be used. Recourse may also be had to cauterization with nitrate of silver, insufflations of tannin or alum, and scarifications and division of the ary-

epiglottic folds. These two last methods are somewhat difficult to practice; but often under the influence of spray, irrigation and local bleedings, the inflammation diminishes and disappears. When the œdema of the glottis is due to tuberculosis or cancer, art is powerless against the diathesis and the laryngitis. Nevertheless, we may have recourse to cutaneous revulsion, emetics and purgatives, unless the progress of the disease be too rapid and the patient too much reduced. In the œdema of the glottis, caused by necrosis, the last resource is tracheotomy, which is often only a palliative; but it is important that it should be performed before the patient is too weak, or asphyxia has commenced.

Origin of Uric Acid and Urea.

Dr. W. Von Knieriem (*Zeitschrift für Biologie*, Band xiii, Heft 1, 1877) concludes, from a long series of experiments, that—1. During the digestion of protein compounds in the organism of the fowl, the same bodies are formed as in the digestion of the proteids in mammals, namely, asparangic acid, leucin, glycocoll; and these substances constitute the antecedent stages of the formation of uric acid. 2. The antecedent stages to uric acid of the products of decomposition of the protein compounds in mammals are, with the exception of the salts of ammonia, the same as those which precede the formation of urea. 3. Ammonia salts, which are converted in the bodies of mammals into urea, are eliminated from the bodies of fowls in an unaltered condition, and this explains the much larger excretion of ammonia that takes place in birds as compared with mammals.

Precautions in Administering Acid Medicines.

In an article on the teeth, in the *British Medical Journal*, Mr. A. Stewart writes:—

As the ordinary expedient of a glass-tube is seldom used so effectively as to prevent the acid reaching the teeth, other means must be used to prevent its ruinous effects on them; and, being confident from long experience that the neutralization of the acid by a weak alkaline solution is invariably effective, I hope the time may soon come when every prescription containing an acid will be accompanied by an injunction to rinse the mouth immediately after every dose with a solution of the kind.

The form I have always recommended is a teaspoonful of bicarbonate of soda and a tablespoonful of eau de Cologne in a quart (a wine-bottleful) of water, a little hot water being added, if required, to warm the small quantity poured out for use. This is agreeable, easily remembered, and readily renewed. In hospital and dispensary practice, and by the poorer classes, a small piece of camphor may replace the eau de Cologne, and will serve quite as well to make the solution agreeable. This or some similar solution should be used to rinse the mouth, at least every night at bedtime, but better after every meal, whenever there is a suspicion of acid acting, or having acted, on the teeth, and may be relied on to preserve those that have not been permeated; and I think that dentinal softening of recent origin and small extent may be arrested by its continued use. It should be used several times a day from the commencement of every pregnancy. The mouth should be rinsed with it not only after every dose of mineral acid medicine, but also as soon as possible after acid fruits and whatever tastes acid in the slightest degree.

In case of serious illness, when the teeth are likely to be invaded by acidity from various sources, it may be possible to use it as a preventive when the toothbrush cannot be used, and in addition to it when it can. And, as it is more than a preventive of caries, often sufficing to keep threatening cavities quiet till they can be treated by operative means, it will be found so far serviceable during pregnancy and illness.

On the Preparation of Neutral Tannate of Quinia.

This salt not being bitter has been advised for children. M. P. J. Haaxaman, in *L'Union Pharm.*, gives some directions for its preparation.

One part of quinia sulphate is dissolved in distilled water, by aid of sulphuric acid, and the quinia is precipitated by a solution of soda. The washed alkaloid is then dissolved in ten parts of alcohol, sp. gr. 0.828, and the solution mixed on the water bath with a sufficient quantity of warm water, just short of causing any separation of quinia. In another porcelain capsule three parts of tannic acid are dissolved in sixty parts of distilled water, the quinia is very gradually, and under assiduous stirring, added to this, and the contents of the capsule are heated on the water bath for about fifteen minutes. The whole is then transferred to a filter; the precipitate is washed with warm water until the filtrate runs off colorless, and free from bitter or astringent taste, and, particularly, until it ceases to become cloudy and cooling. The tannate of quinia remaining on the filter is then dried. The warm solution which was drained from the precipitate deposits, on cooling, a tannate of quinia, which has a very marked bitter taste. Acid tannate of quinia, subjected to a thorough washing with boiling water, is converted into a neutral tannate, which remains upon the filter.

M. Guerin's Treatment of Carbuncle.

The following extract from a letter to the *British Medical Journal* is an agreeable illustration of M. Guerin's plan:—

M. Jules Simon, the eminent ex-Premier, has been recently exceedingly ill with anthrax on the neck. He had been long in indifferent health through his great labors during his

recent exercise of power, and the very many difficulties he had to contend with at the time. Lately he was taken with the anthrax. This increased gradually during the space of a few days, M. Simon, unfortunately, neglecting to take proper care of himself, and continuing to devote himself to work and political labor. The anthrax was already enormous in size when he left Paris to go down to Piastres, in the south of France, where his son was canvassing for a seat in the new Chamber. There M. Jules Simon, after a speech of several hours and the fatigue of the journey, got so very bad that he could scarcely be brought back to Paris. The anthrax had now attained the sterno-cleido-mastoidians on both sides. M. Alphonse Guérin, the eminent surgeon to the Hôtel Dieu, was called in, and immediately performed a crucial incision after his usual subcutaneous method, to which he attaches considerable importance. This method consists in plunging the knife into the centre of the anthrax, and cutting away, under the skin, on to the limits of the diseased tissues, and even into the healthy tissues beyond. This, of course, is repeated four times, making a cross. The advantages of this method, according to M. Guérin, are considerable. They constitute the best method of treating anthrax, and far outstrip the two other methods, of open incisions or not cutting at all. Be it as it may, it was very successful in this case. The cutting was followed by immediate relief, the general symptoms abated, the appetite returned, fever fell, and after a few days the ex-Premier was entirely well.

Flatulent Dyspepsia.

At the meeting of the Paris Academy of Medicine on October 9th, M. Leven read a paper on the gases of the stomach and flatulent dyspepsia. He is of opinion that food does not appear to produce gas, and that the gases which are found in the digestive tube proceed from the external air, the blood, and fecal matter. The gases which are evolved in flatulent dyspepsia are not due to decomposition of food, but, arising from the three sources already indicated, they are continually put in motion by the pathological contractions of the muscular fibres of the intestines. Expelled by the mouth, they are constantly renewed, and their production may be as incessant in a starving man as in one who is well fed. This symptom of production of gas, therefore, signifies an irritation of the stomach, which is always consecutive to a long-standing gastric dyspepsia. The progress of the disease, and the treatment to be adopted for its cure, confirm these data of clinical observation. There is no need to seek for any therapeutic agent to combat these gases. Besides which, the so-called absorbent powders, as charcoal, do not, according to the experimental verifications of M. Leven, absorb gas. If solid charcoal does absorb it, directly it is reduced to powder it loses all absorbent property.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received the following: The Use and Abuse of Bromides, by E. C. Seguin, M. D. A reprint from the *Journal of Nervous and Mental Diseases*, July, 1877.

Paper on the Nature, Origin, and Prevention of Puerperal Fever, by N. T. Lusk, M. D., Professor of Obstetrics and Diseases of Children in the Bellevue Hospital Medical College, New York. Extracted from the Transactions of the International Medical Congress, Philadelphia, September, 1876.

The New Departure in Medical Teaching in the University of Michigan, being a lecture delivered at the beginning of the course on Pathology and Practice of Medicine in the University of Michigan, October 1st, 1877, by A. B. Palmer, A.M., M.D., Professor of Pathology and the Practice of Medicine. Published by the Lenoir Lyceum of the Department.

The Pathology and Treatment of Morbus Coxarius, by Lewis A. Sayre, M. D. Extracted from Transactions of the International Medical Congress, Philadelphia, September, 1876.

Twenty-second Annual Report upon the Births, Marriages and Deaths in the City of Providence, for 1876. By Edwin N. Stone, M.D.

——Our exchanges have been regularly and promptly received during the summer.

Scribner's Monthly has never been more interesting. Its illustrated articles are without their equal in any magazine. The serial of Dr. Holland, "Nicholas Minturn," while hardly equal to "Arthur Bonnicastle" or the "Seven Oaks," proves the author to be a novelist of no common ability. Miss Trafton's story increases in interest with each number, and "Roxy," Edward Eggleston's new serial, gives promise of great interest. We would urge any of our readers who may desire pleasant winter evening reading, to subscribe for the *Monthly*, beginning with the November number.

Of *Littell's Living Age*, we can but repeat our oft-expressed opinion, that it is without a rival as a compendium of the best modern literature, the production of the ablest writers of the age. It is the cheapest magazine in the country, if taken only for its serials, and, as a whole, worth a dozen common monthlies.

If any of our readers desire a family news-

paper containing well-selected novelettes and agricultural information, we would recommend *The Germantown Telegraph* as the very best of its kind.

For all lovers of agricultural pursuits, *The American Agriculturist* stands first in cheapness and general information. Price, $1.50 a year.

The Independent is more than ever attractive. Its weekly reports of Rev. Joseph Cook's lectures, delivered every Monday in Boston, and which we believe are published by no other periodical as correctly as the *Independent*, should recommend it to all lovers of honest, earnest expositions of truth.

Of our other weeklies, *The Christian Advocate*, *The Presbyterian*, *Presbyterian Banner*, *The Cincinnati Gazette*, *Vermont Journal*, *Zion's Herald*, and *Trenton Gazette*, are always welcome and interesting.

——Transactions of the Kansas Medical Society, at its Annual Session, held in Lawrence, Kansas, May 9th and 10th, 1877, being the Eleventh Meeting since reorganization. The President's address, by H. S. Roberts, M.D., of Manhattan, Kansas, is brief but good. Several able and interesting papers were read:—"Septic Disease," by Dr. N. L. Schenck; "Congenital Tetanus, a Case," by Dr. T. Sinks; "Report on Typho-Malarial Fever," by Dr. Vaneman; "Obstetrics," by Dr. C. C. Shoyers; "Report on Materia Medica and Therapeutics, Inunction," by Dr. Daniel C. Jones; "A Few Notes on Syphilis," by Dr. N. N. Cochrane; "Peculiar Conduct of a Case of Labor," by Dr. H. O. Honanalt; "Tympanic Otorrhœa," by Dr. J. S. Lawrence; "Ruptured Perineum," by Dr. C. V. Mottram; and "Report of a Case of Paralysis," by Dr. H. S. Roberts.

BOOK NOTICES.

Modern Medical Therapeutics: A Compendium of Recent Formulæ and Specific Therapeutical Directions from the practice of eminent cotemporary physicians, American and foreign. By George H. Napheys, A. M., M. D., etc. Fifth edition, enlarged and revised. 1 vol., 8vo, pp. 600. Price, mailed prepaid to any address, cloth, $4.00; full leather, $5.00. Published by D. G. Brinton, 115 South Seventh street, Philadelphia.

In presenting for the fifth time this work to the profession, the editor has endeavored to make it in every respect worthy of the signal favor with which it has been received. By omitting the chapters on diseases of the skin and veneral diseases (which subjects are fully treated in Napheys' *Surgical Therapeutics*) and some minor articles of a surgical character, over one hundred and fifty pages have been gained for medical topics proper, without increasing the size of the book. This additional space has been utilized by adding from the most recent sources the latest improvements in the treatment of disease, descriptions of the most valued new remedies, and a number of important articles omitted in former editions. These latter embrace spinal irritation, spasmodic diseases, empyema, hay asthma, irritable heart, intestinal worms, diabetes insipidus, nephralgia, dengue, hemorrhagic malarial fever, intermittent fever, relapsing fever, typho-malarial fever, and a chapter on toxic diseases, treating in full of the alcoholic habit (drunkenness, delirium tremens, chronic alcoholism, and dipsomania), and the opium habit, the latter probably being the only complete synopsis of the treatment of opium or morphine eating that can be found.

This last chapter especially is very largely made up from unpublished sources, which have been kindly placed at the service of the editor; but throughout the book, quite a number of the additions have been obtained direct from the authors, and have not elsewhere been published. Several departments of the work have received the careful supervision of gentlemen who have made a special study of those branches, and it is believed that no frequently occurring disease, and no important remedy or remedial measure will be found to have been omitted.

To the many who are acquainted with the general plan of Napheys' treatise, a description of the peculiar features which render it so popular, because they make it so pre-eminently useful, is unnecessary. But a few words will be in place to those who have not seen it. In the words of its author, it "differs from ordinary works on the practice of medicine, in being devoted exclusively to practice; from works on materia medica, in treating only of therapeutics; and from a formulary, in that it is not a mere collection of prescriptions, but aims at a systematic analysis of all current and applied means of combating disease." In the body of the book, the diseases are arranged in alpha-

betical order under the general nosological division to which they belong. The treatment of each is first stated as given by different eminent practitioners, then by various hospitals, after which follows a résumé of the more important remedies employed in its management. An asterisk * designates those especially commended.

In pursuing this plan, all the diseases which a medical practitioner is likely to meet are described. In reference to treatment, over seven hundred authors are quoted, nearly all living and eminent, and 1400 formulæ given, not effete and hackneyed ones, but drawn from the clinics and monographs of the latest days.

As the descriptions of books in journals are often so vague, and the work when received falls so far short of what the reader expects, the publisher of this work authorizes the following

OFFER.

Any one remitting the price, as above stated, will have the book mailed him, prepaid, with the privilege of keeping it one day for examination, when, if it is not what he wants, he can return it to the publisher and receive back his remittance.

The postage back will be 24 cents, which will thus be the outside risk of the purchaser.

Lectures on Fever. By Alfred L. Loomis, A.M., M.D. Wm. Wood & Co., New York.

The work, a neatly bound and printed volume, is dedicated to the Alumni and students of the University of New York. He adopts an etiological basis in the classification of fevers. His reference to theoretical questions are only to such an extent as he thinks necessary in order to have a proper understanding of subjects under consideration. In his first class of fevers contagious, he places typhus, small-pox, measles, relapsing, scarlatina, and miliary fever; in the second class, malarial, intermittent, remittent, pernicious, dengue, typho-malarial; in the third class, miasmatic, contagious, typhoid and yellow fevers. Seventy-six pages are devoted to the consideration of typhoid fever. Miliary fever, he says, cannot strictly be regarded as a contagious disease, but it so frequently prevails, in connection with measles and scarlatina, and has, apparently, so many elements of contagion, that he has included it in the list of contagious fevers. While some deny its existence as a distin t fever, he feels warranted in denoting it such. He makes three stages of this fever; stage of invasion, of sweating, and of eruption and desquamation, lasting, in all, from five to eight days. An extensive bibliography, of twenty pages, is found at the end of the work, and this is followed bya carefully-prepared index. A book that will well repay a careful perusal.

The Virus of Venereal Sores—Its Unity or Duality. By Freeman J. Bumstead, M.D. Extracted from the *Transactions* of the International Medical Congress, Philadelphia, September, 1876.

His bases of belief in favor of a duality of poisons are :—

1. From clinical experience.
2. From artificial inoculation.
3. From the corroborative evidence presented by the symptoms of the sores themselves. His conclusions are divided into the following propositions :—

I. The virus of venereal sores is dual.

II. Some venereal sores are due to the inoculation of the syphilitic virus.

III. Other venereal sores are due to the inoculation of the products of simple inflammation.

IV. These two poisons may be inoculated simultaneously.

A Treatise on Gonorrhœa and Syphilis. By Silas Durkee, M.D. Sixth edition. With eight colored illustrations. Philadelphia, Lindsay & Blakiston. 1877.

Dr. Durkee's work enjoyed quite a popularity for some years after it appeared, and we presume the demand must continue, for we have here a sixth edition. It does not appear, however, that this edition is much more, if anything more, than a reprint of former ones. We have not been able, in a cursory examination, to find any reference to the numerous and important works which have appeared on venereal diseases in the last four or five years; several valuable new remedies, which ought by all means to be discussed in a monograph of this kind, are not even mentioned; and, on the whole, we are obliged to say that any reader who wishes to learn the most modern and approved views on the subjects treated of in this book must search for them elsewhere than between its covers, or he will search in vain.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

G. D. BRINTON, M.D., EDITOR.

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PREMIUMS AND INDUCEMENTS.

From and after the first of October we are offering to all *new subscribers* the Reporter for *fifteen* months (October 1, 1877, to January 1, 1879) for *five dollars*, one year's subscription price.

That our old subscribers may also receive an equally liberal offer, we make them the following proposition.—

Any old subscriber who will send us one new subscriber to the Reporter, remitting ten dollars to cover the two subscriptions, will receive the Physician's Daily Pocket Record for 1878, or the Half-Yearly Compendium for 1878, *gratis*, as he may prefer.

Any old subscriber who will send us a new subscriber to both Reporter and Compendium, remitting twelve dollars to cover both subscriptions, will receive a copy of either *Napheys' Medical Therapeutics, or Napheys' Surgical Therapeutics*, as he may prefer.

REMARKS ON THE OPIUM HABIT.

On various occasions, in this journal, we have asked the earnest attention of the profession to the great and growing danger of the extension of the opium habit in this country. Some recent developments point strongly to the conclusion that many of the second and third class drug stores of this and other cities depend for no inconsiderable share of their proceeds on sales of opium, laudanum or morphia, to those who consume it with the regularity of a Chinese opium smoker. The easy morality of trade allows this, without hesitation, on the part of even a conscientious druggist. He says to himself, or to others, in defence of the sale, "If he don't buy it here, he will elsewhere, to a certainty, and I shall simply lose my customer, without benefit to him and with injury to me."

A striking proof of the extent of the habit is found in the advertising columns of almost every newspaper. The number of "painless cures" there announced is something startling. These advertisements run year after year, and as, of course, they are addressed to that limited number of slaves to the drug who have the wish to stop, even at a heavy sacrifice, the whole number of consumers must be proportionately large.

All these so-called cures are carried out on one principle, that is, to send, for a very high price ($20 for an eight-ounce bottle in some cases), a solution of morphia, with the statement that it contains no form of opium or any of its alkaloids, but an antidote which will supply its place. If the patient continues under treatment, and is not too far gone, the amount of morphia is gradually reduced, and he is at last freed of his habit through this deceit. Much more frequently he detects the fraud, and falls back into his evil habit without further effort to break it.

The Chinese minister in London has lately represented, in a memorial, the fearful effects of opium-smoking on his fellow-countrymen.

The most lurid coloring of temperance lecturers, describing the results of alcoholism, pale before this calm recital of the depopulation of provinces, the acreage of arable land gone to waste, the number of families extinguished by this fatal passion.

Dr. J. Dudgeon, of the English Hospital at Pekin, has lately published a telling article on the subject of the relation of opium-eating to population. It appears quite indisputable that the effect of the drug is, in the first instance, and for a few months, to stimulate the generative organs, and hence it ranks first in the Chinese materia medica as an aphrodisiac. But after a period, generally counted by months, this influence wholly disappears, and is followed by atony of the organs, and loss both of desire and of power; almost invariably of the latter, and generally of the former. Moreover, should children be born to the opium eater, their vitality is less than ordinary, and should they survive to maturity, they are, as women, barren, and, as men, sterile. Hence, in a number of instances, the complete extinction of a family can be traced to indulgence in the drug. Now, as in nearly one-half of the eighteen provinces of China opium-smoking is already a habit with nearly one-half of the population, the enormous and pernicious results which half a century will exert are only too evident.

No habit so completely enervates the will, and renders the struggle of the unfortunate who once is in its power ineffectual to break from its grasp. It reminds one of the devil fish, or squid, described in Victor Hugo's *Toilers of the Sea*, which fastens one by one around its victim its long and pliant arms, "as tough as leather and as firm as steel," until the wretch sinks helpless into its jaws.

The only reliable means of escape is by the patient wholly and willingly resigning himself to the care and supervision of a physician in an institution especially adapted for that purpose. Fortunately there are two, both recently organized, under competent and experienced men, where such patients can have the best of care. We refer to Parrish Hall, Brooklyn, New York, under the care of Dr. J. B. Mattison; and Walnut Hill, Hartford, Connecticut, under the superintendence of Dr. T. D. Crothers. Both these gentlemen come to the task with ample experience, and with the guarantee of past success in the treatment of such cases. They are both known to the readers of this journal by frequent contributions to its pages, several of which have been extensively quoted by British and Continental journals.

Within the last year we have ourselves received quite a number of letters, not only from physicians, but also from those addicted to the use of opium, inquiring about the best means of relief. We are glad to be able to refer all such inquirers to either of the gentlemen mentioned above, assured that they will be found to merit the fullest confidence both of the profession and of patients.

Notes and Comments.

Subscriptions Falling Due.

Readers whose subscriptions expire with the close of the year are respectfully asked to forward their renewals promptly. Although it has been, and is, our custom to allow a certain latitude on "Payment in Advance," it greatly facilitates our labors, and enables us to improve and amend the journal in every sense, to have this rule punctually observed. As all our bills have to be paid in cash as soon as due, the rule of advance payment is one most just and necessary in the field of journalism.

Japanese Therapeutics.

Dr. G. Maget has furnished on this subject some interesting notes. General and local abstraction of blood is rejected by Japanese practitioners on the plea that the blood is too precious a fluid to be thus wasted. Febrile affections are chiefly treated by copious draughts of warm water, under the idea of relaxing the pores which have been constricted by cold. Calomel is a very favorite remedy, and is better supported by the natives than by Europeans. Blisters are popular; they are made with the

powder of the *Pagara piperata* spread on a rice plaster. Moxas are very frequently had recourse to as derivatives. Their active principle is extracted from the *Artemesia Japonica*. In less urgent cases acupuncture is employed, as in China, to replace the moxa, chiefly in abdominal affections, twenty needles being inserted on each flank. Shampooing is a very popular mode of treatment in rheumatic affections and certain cases of nervous debility; also as a hygienic precaution against the fatigue of a long journey or of protracted labor. The Japanese ladies are so extremely modest that they employ none but the blind to shampoo them. Syphilitic affections are common, and are combated by cinnabar (red sulphuret). The soft sore is much more frequent than the hard one. In Japan, as elsewhere, the introduction of the evil is attributed to a neighboring country.

Petrifying the Dead.

It may be remembered that the corpse of the great Italian republican, Mazzini, was petrified by the method invented by Señor Gorini, of Lodi. Recent travelers say that it proves entirely successful, the features of the eminent agitator presenting no visible alteration, and the expression well preserved, as he reposes in his tomb, which is open to the inspection of visitors. Señor Gorini has not revealed the secret of his method, but has taken measures to give it to the public at his death.

The Removal of Moles.

These disfiguring growths, says a writer, may be best removed by the acid nitrate of mercury. The acid should be applied with a splinter of wood and gently rubbed into the part for several seconds, according to the thickness of the growth. Great care should be taken to prevent the acid reaching the surrounding skin. There is absolutely no pain attending the application, and the growth gradually shrivels away, and the slough falls off in about a week.

Good Beer.

The municipal authorities of Hof, in Germany, have laid down what constitutes good lager beer. 1. It should contain no sediment or floating particles, but be entirely clear; 2. The original proportion of the solid constituents should be about 12 per cent.; 3. The solid extractive matter should not fall below 5.25 per cent., and the alcohol not be less than 3 per cent. In no case should less than 2 per cent. of alcohol be present.

Correspondence.

Salicylic Acid in Malarial Fever.

Ed. Med and Surg. Reporter :—

I beg your indulgence to lay before your readers a short experience in the treatment of malarial fever with salicylic acid.

I live in the edge of the Post Oaks, which skirt the great Brazos Bottoms, of this State, a region of country distinguished, not only for the fertility of its soil, but also for the propagation of malarial diseases. From early in the summer, until the first frosts of autumn, malarial fever prevails extensively, and during this last season it did so to a fearful extent. It is not simply the "chills and fever" of the miasmatic districts of the older States, but generally assumes the form of regular intermittent fever, with all the symptoms aggravated. In fact, nearly all the diseases of this locality partake of the periodic character, even pneumonia, dysentery, rheumatic fever etc., and quinine is used, ad libitum, by the profession and the laity, as their sheet anchor, and apparently only weapon. Profiting by my own, and the experience of my brothers in the profession, in the use of salicylic acid in the treatment of rheumatic fever; the peculiar effect of the drug, in producing tinnitus aurium, an effect similar to cinchonism, as also a symptom of long neglected miasmatic fever, I concluded, *a priori*, that the acid could be beneficially used in the treatment of malarial fever.

Case 1.—October 25th. C. Y., child, six years of age, had three paroxysms of the tertian form of fever, with but slight intermission of fever between the chills. Gave, the day after the third chill, five grains of salicylic acid, in powder, every three hours; took twenty grains during the day. Has had no chill or fever since taking the acid. I continued the drug the next day also.

Case 2.—J. W., aged twenty-five. Male. Has had frequent attacks of ague during the summer, and has taken quinine until it failed to have an effect. Gave him, on the 28th of October, ten grains salicylic acid every three hours, during his free day, and continued it the next day. He had no chill or fever after taking the acid, and says he feels more like being cured now than he has at any other time.

Case 3.—Mrs. J., thirty years of age, married. Has tertiary ague. November 1st. Had the third chill to-day, accompanied with violent headache, emesis, extreme pain in the iliac region, and nervous excitement. Gave her ten grains of the acid every two hours, until she had taken four doses, after which, every four

hours. Commenced immediately after the cold stage, and continued during the next day. She has not had a symptom of chill or fever after taking the first four doses. I administered it to her in solution, as follows:—

℞. Salicylic acid, grs.lxxx
Alcohol, ℥ss
Glycerine, q. s. to make four ounces.

The above makes a handsome and pleasant mixture, and when the alcohol is not contra-indicated, is decidedly the most desirable mode of using it. I have used the remedy in several other cases, since the above, with equally happy results.

If others have used the drug for similar purposes, I am not aware of it, and should be glad to hear from the profession on the subject.

As to the modus operandi of the acid in curing miasmatic diseases, I am not prepared to state, but I am convinced that the salicylic acid controls the nervous excitement incident to malaria more readily than the salts of cinchona; and since miasm seems to expend its effect upon the nervous system may not the miasmatic poison (whatever may be its peculiar nature) be primarily confined to the nervous system, conveyed thence, through the circulation of the blood, without leaving the great arterial system diseased thereby?

I will only suggest, in conclusion, may not salicylic acid fulfill many of the ends of quinine, and thus save to the poorer classes, and especially the country practitioners, a great deal of expense?

A. S. Stonebraker, M. D.

Waco, Texas, November 17th, 1877.

Corrections.

Dr. D. G. Brinton:—

Dear Sir—In my paper, "On some Forms of Inflammatory Diseases of the Eye, being caused by Defects in Refraction and Accommodation," in the Transactions of the Medical Society of the State of Pennsylvania for 1877, just issued, I find the following typographical errors, requiring correction:—

Page 8, 8th line from bottom, should be +36 instead of +35.
Page 10, 7th line from top, pterygium, instead of pterygia.
Page 12, 10th line from top, a *t* is wanting in astigmatism.
Page 15, 9th line from top, +48⊃+60$_c$,180°, instead of +4⊃+60$_c$.
Page 15, 18th line from top, —16⊃—30$_c$,105°, instead of —6⊃—30$_c$.105°
Page 15, bottom line, —16⊃—48$_c$.180°, instead of —16⊃48$_c$.180°.

Please be kind enough to insert this in your next issue of the Reporter. And oblige,

Yours, very respectfully,
P. D. Keyser.

Philadelphia, Nov. 24th, 1877.

News and Miscellany.

A New Speculum.

Dr. A. Shiland, of West Troy, New York, has devised an ingenious speculum, which seems to answer all the requirements, and has not the objectionable features of instruments now in use. The blades are only about one-third the width of the ordinary speculum, and are connected by a series of rings, in such a manner that the instrument may be opened or closed by a small handle connected with the primary ring. Depressing the handle, or one of the blades, or elevating the same, opens or closes the instrument, as desired. When the rings are horizontal and the blades vertical, the speculum remains open and retains its position. It may be rotated as desired, exposing readily every part of the vaginal walls and os uteri, thus affording the greatest facilities for making applications. We have ourselves examined it, and are very favorably impressed with its simplicity, ease of manipulation, and serviceableness. The price is five dollars, and it may be had of the inventor, or ordered through instrument makers.

"The Druggist and Chemist."

The attention of readers is called to the advertisement of this journal which appeared in our last issue. Its editor, Dr. Vanderbeck, intends to render it of equal value to physicians and druggists, and undertakes the task with every qualification requisite to insure the success of his enterprise. There is a wide field on which these professions meet, and we are acquainted with no periodical which meets the demands of both. Hence his project peculiarly merits attention. As will be seen, it can be taken with the Reporter, for the small additional sum of $1.00; and we predict very positively that no dollar invested will return a better interest.

Presbyterian Eye and Ear Hospital of Baltimore.

The Presbyterians of the City of Baltimore have established a special hospital as a free charity to all poor persons of their city afflicted with eye and ear diseases. The hospital is sectarian only in management and support. In the scope of its work it offers its charity to all poor sufferers, regardless of color or creed. Dr. J. J. Chisolm, Professor of Eye and Ear Diseases in the University of Maryland, takes surgical care of the institution. The institution fills a great want, and has before it a career of usefulness.

Opium in Maine.

The Brunswick (Me.) *Telegraph*, of the 9th inst., says: "Every intelligent reader knows that the use of opium has increased enormously in this State within a few years, the direct

result, without a doubt, of the enforcement of the liquor law in many of the larger towns and cities. We learn upon good authority that one of the largest firms of manufacturing chemists in the country says that more morphine is sold in Maine, in proportion to its population, than in any other State of the Union."

Famine Mortality in India.

A correspondent of the London *Times* says that in a certain number of affected districts in the Madras Presidency, urban and rural, 1,051,009 persons were in receipt of relief during the week ending August 17th, among whom 6361 deaths occurred in the week; this would be equal to an annual rate of 316 per 1000. In thirteen affected districts, including a considerable proportion of urban population, the annual death-rate in the week was equal to 483 per 1000, signifying that if the rate prevailing during the week were maintained for a year scarcely more than half the population would survive. Among more than half a million of persons receiving village relief, the rate in the week was equal to 187 per 1000. It is scarcely possible fully to appreciate the amount of human suffering, and the full effect upon the survivors, which are signified by the famine death-rates that have prevailed this past summer in the famine-stricken districts of Madras.

Personal.

—Dr. Bulkley will give a course of lectures on Diseases of the Skin, at Demilt Dispensary, corner of Second avenue and Twenty-third street, New York, on Saturday afternoons, from two to three o'clock. The lectures will be didactic and clinical in character, going over the whole subject, and illustrated by colored plates, photographs, models, the blackboard, and abundant clinical material.

—Rev. Robert Turnbull, D. D., died at Hartford, Connecticut, recently, in the 69th year of his age. He is the brother of Lawrence Turnbull, M. D., of this city, and was born in Scotland, where, at Glasgow and Edinburgh, he received his education.

—Dr. Phineas, coroner of Cincinnati, has accepted the appointment of lecturer in surgery in Dartmouth Medical School.

QUERIES AND REPLIES.

Physicians' Liability.

MR. EDITOR:—Will you be kind enough to inform me whether, when a physician is called to a case, and for some reason refuses to go, he can be sued for damages; in other words, is he obliged to go, without consulting his own wishes, or, if he refuse, will the law exonerate him? By answering this as soon as convenient, I am sure you will confer a favor upon other of your readers, as well as

A SUBSCRIBER.

Answer.—A physician need not accept a call to a case which he has not been treating; but if the case is under his treatment, and he receives a summons to attend at once, he should do so at the earliest practicable moment, or he is liable for negligence. Your question does not make clear to which case you refer.—[Ed. REPORTER.]

Subscriber, Illinois.—We know of no depilatory which could safely be used on a child of five years.

OBITUARY.

DR. THOMAS F. CULLEN

Died in this city, last week, at the age of fifty-six years. Deceased made Camden his place of residence in 1849, when the cholera prevailed to an alarming and fatal extent, and was very successful, although young, in the treatment of that terrible disease. He was a graduate of the University of Pennsylvania, and from the time he commenced the practice of his profession to the day he was prostrated with sickness, he sedulously applied himself to the studies and duties of a physician. He was author of a number of medical essays, and had the honor of being a leading member and president of the State, county, and city medical societies.

GEORGE TRUMAN, M. D.,

A prominent physician and well-known citizen, died last week, at his late residence, No. 142 North Seventh street. The deceased was in his eightieth year, and was born and lived in the same locality all his life. In early life he studied medicine, and for over fifty years actively practiced his profession. He was prominently identified with the Society of Friends, being a minister of the Society, and was also identified with the temperance cause.

MARRIAGES.

BACON—MOODY.—In Saco, Maine, November 21st, by Rev. J. T. Blades, Alvan Bacon, M.D., of Biddeford, and Miss Rachel Moody, of Saco.

HASBROUCK—ARCHER.—At Dobbs' Ferry, N. Y., November 21st, 1877, by Rev. George B. Reese, Joseph Hasbrouck, M.D., and Emma Archer, daughter of Stephen Archer.

MILLER—BROWNE.—On Tuesday evening, November 20th, at the residence of the bride's uncle, Mr. S. A. Harrison, by the Rev. Wm. Hamilton Miller, of Bryn Mawr, Charles K. I. Miller, M.D., of Philadelphia, and Valeria O'Brien, daughter of the late N. B. Browne.

PETERS—CHALFON.—On the 8th instant, at the residence of the bride's parents, by Rev. Mr. Barnhill, J. E. Peters, M.D., and Miss M. Chalfon, both of Jenkintown, Montgomery county.

DEATHS.

CHAPMAN.—On the 15th of November, 1877, Dr. L. L. Chapman, aged seventy-five years.

CULLEN.—In Philadelphia, on the 21st instant, Thomas F. Cullen, M.D., in the fifty-sixth year of his age.

DAKE.—On Tuesday evening, Nov. 13th, 1877, of pulmonary consumption, Lulu D., wife of Dr. B. F. Dake, of Pittsburg, Pa.

STILLEY.—November 2d, 1877, at the residence of his parents, Mt. Lebanon, Allegheny county, Pa., Willie B., eldest son of Dr. H. M. Stilley, aged four years and six months.

TRUMAN.—On the 21st instant, after a lingering illness, Dr. George Truman, in the eightieth year of his age.

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TESTIMONIALS.

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DR. E. R. DOUGLASS."

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DR. I. C. BARLOTT."

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Week Ending December 1, 1877.

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OFFICE PAYMENTS.—Central News Co.

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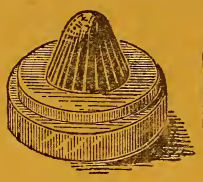

Fig. 2. Fig. 1.

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THE
MEDICAL AND SURGICAL REPORTER.

No. 1084.] PHILADELPHIA, DEC. 8, 1877. [Vol. XXXVII.—No. 23.

Original Department.

Communications.

IS THERE NOT AN ELEMENT WANTING IN THE CONSTRUCTION OF THE OBSTETRIC FORCEPS?

Read before the Philadelphia County Medical Society,

BY J. A. M'FERRAN, M.D.
Physician to the Gynecological Hospital.

(*Continued from No.* 1083.)

The child, in passing through the pelvis, does so in a passage curved at least in two places, namely, at the angle made at the junction of the axes of the superior and inferior straits, and at the os externum. To these we might add, if Nægelè were correct, one at the angle made at the axis of the body with that of the superior strait. Having no evidence, either from experience or reason, that this is correct, we will confine ourselves to the two.

Now, it is indisputable that, if the child were forced to this curve with no joint at the junction of the head with the spine, it would not nor could not move. A child with a stiff neck might engage in the superior strait; but it could advance no further; and one with an anchylosed spine would be as bad off. And daily observation teaches us that we have the best example of labor where the child's head is left free to seek the easiest passage for exit; where there are no anatomical aberrations or deformities, and where the propulsive force is sufficient to overcome the resistance of the soft parts and to produce the natural flexions, rotations and extensions incident to the demand made by the different curves and reversed diameters.

In the use of the forceps, the head becomes fixed against any flexion, rotation, extension or deflection, or any natural law operating to avoid or correct difficulties, and is subject to two forces, inharmonious in their nature and separate in their sources. The child's neck is practically stiff, or, at least, the head is not free to flex upon it, and the head cannot be subject to the will of the operator; it is attached to an unwieldy body in the rear, which will modify in an uncertain way all efforts made in front. Accommodation is out of the question, for the same effort cannot control both forces.

We are advised, by most distinguished teachers, to make a gentle and limited swinging, to-and-fro motion, in traction, lever-like in its character, as it is frequently expressed. I do not dispute the necessity of the manœuvre; but we know that it is not thus that the head moves when left to its own course in unassisted labors, or even in podalic version, and I am thoroughly satisfied that the leverage is greatly overestimated in the procedure; the utility of it is only necessary on account of the misdirected force, and for a purpose not contemplated, at least not spoken of, by writers upon the subject. In my opinion, it only serves to cause the head to ride over the corrugated mucous membrane shoved in advance of it, pressing unnaturally upon the parts. The head, being thrown out of line by the oblique traction, will, of necessity, be forced against the pelvis, in the direction of the operator. I know this is contrary to what is taught. Most obstetricians speak of the forceps as a double lever, with the

fulcrum at the pivoted point, and that, by pressing first upon one handle, and then upon the other, we increase the efficiency of the force used. Upon what principle in mechanics they base their opinion I am unable to discover. If the male and female branches, when joined, do not make a unit, I do not know what unity means; they move together, and preserve their relation toward each other, direct them which way you will; and that the pivot can be a fulcrum, and change its position with the sweep of the arm of the lever, is a principle in natural philosophy that I have never learned. True, the branches are levers as compressors, and the pivot is a fulcrum to the same end; here the principle of the lever stops, and here they act independently; but when they are joined to the head, they make it a part of a common instrument; and where the head presses upon the pelvis, it may become a fulcrum, provided friction is great enough to make it stick; and the forceps, together with the head, may become a lever, on the same principle as the cant-hook. But, to be effective in this manner, the tissues of both mother and child would be subjected to a pressure greater than they would otherwise have to bear, and as it is impossible to produce such friction between smooth and lubricated surfaces ascending an inclined plane, the procedure is impracticable in obstetrical operations.

We will suppose the forceps applied to the sides of the head, in the direction of its occipito-mental diameter, and suppose the head engaged in the superior strait in the first position. The forceps will fix the head at an angle of fifty degrees with the axis of the inferior strait, and the operator is expected to supply the force, give it direction, measure the progress, control the rotation and flexion, all at the same time. He is expected to avoid the perineum, keep the head to the easiest course, and use the force in the most efficient manner. And to do all this correctly, requires in the individual absolute self-control, a complete knowledge of this particular pelvis, its relation to the fœtal head, the amount of force exerted by the contracting uterus, and to be possessed of an instrument perfectly adapted to all the requirements of the case. It would be too much to expect all this from human skill. Yet we all act, at times, as though we knew and could do all things necessary, and practically, in most cases, it is never discovered that we do not; for, in spite of misdirected force, forgetfulness of curves, axes, rotations, flexions and extensions, the woman, in most cases, will be delivered and the child perchance be born.

Now, supposing, in this case, the circumstances most favorable, the relation of the head and pelvis and the yielding of the soft parts natural, is it possible with the forceps to direct the force in the direction indicated by the anatomy of the parts and the fundamental principle of mechanics? I have no hesitation in saying, no! The direction of the force should be as that given by the uterus, and that is in the direction of the axis of the superior strait. That force so directed is more efficient, meets with less obstruction, and does the least violence to the soft parts, is evident upon the least reflection, and the principle has been acknowledged all through obstetrical progress, from the days of Smellie to the present time.

The first object and effect—saying nothing of uterine dilatation—of the force is to drive the head into the cavity of the pelvis, and is exerted through the spinal column upon the base of the skull, at a point where freedom of motion is as great as in any other part of the body. The head once in the cavity, the force acts in the same manner, but gives no direction to the head, leaving it to take that which offers the least resistance. The head is held in a state of flexion in its descent by the pressure of the opposing sides of the pelvis, and is only liberated when a point near the base of the skull and the top of the pubic arch coincide. Then rotation is completed. The os coccygis is straightened, and the perineum is distended and projected forward by the force still acting in the same direction. The head is deflected from the first course by the inclined plane of the floor of the pelvis, but held by the pubic arch from extreme extension until the neck is at the arch, when flexion backward takes place, brought about, in a great measure, by the resistance of the distended perineum and os coccygis. There is but little advance of the child, as a whole, from any direct expulsive effort, after the head has reached its lowest limits in the pelvis, until after the head is delivered; and it will be observed that the direction of the force changes but very little from the time labor commences until the body is expelled, and that it is in a line with the axis of the superior

strait. The process of nature commends itself to our reason, and experience testifies to the wisdom in it. Such being the case, traction made in any other direction than that indicated by the contractions of the uterus, before descent is completed, would force the head firmer against the bones of the pelvis, destroy its freedom, and subject the opposing tissues to pressure greater than is good for either, and, without the exercise of great caution, bring about extension before the completion of the descent of the head, thereby approaching a face presentation, and subjecting the mother to the concomitant dangers.

The forceps holds and operates upon the head as a whole, and any traction out of a direct line with the axis must of necessity have a tendency to throw a longer diameter of the head across the pelvis, and out of its axis; in fact, to a greater or lesser degree, to wedge it between the opposing sides, because it is held at both ends, with a power above acting to fix it firmer and firmer, with each contraction of the womb, to its place.

The junction of the head with the body is the pivotal point in unassisted labors. But when the forceps is applied, the head is held obedient to its motions, and when traction is made out of a line coincident with the axis of the pelvis the pivot is at the point of resistance, which becomes a fulcrum, and the long arm of the lever is from the operator's hand to that point, and the head from the same point, the short arm; consequently it subjects the parts to a multiplication of the force applied, and that in a direction which impedes progress, and often too, in my opinion, to such an extent that safe delivery becomes impossible. It can hardly be possible, that if the herculean strength sometimes exerted to effect delivery were well directed, anything short of absolute and insurmountable disproportion between the parts could prevent the passage of the head through the pelvis. Picture a man of two hundred pounds weight pulling with all the blind effort of baffled skill, with his knees or feet propped against some unyielding substance, and the woman held in position by assistants; you will have no fancy picture, but a copy from reality, if the reports from operators be true. The wonder is in the fact that the tender tissues of the child do not yield and tear into fragments, and the firmer parts of the mother break into a disorganized mass under the pressure. That women often pass through and survive this terrible ordeal, though bruised, sore, and exposed to all the dangers attendant upon the most mischievous traumatic causes, is no secret in every community; statistics, large, detailed, and convincing, could be furnished to prove the success of this procedure; and there are those who would frown out of countenance any doubt of the correctness of this seemingly inhuman practice. We are led to believe that in exhausting their strength they exhausted all their art and skill. Worn out by unavailing efforts, disappointed in every new theory that the inspiration of the moment suggests and past experience warrants, it is not strange that blind and desperate efforts are at times resorted to to accomplish that which could find no solution in good judgment. From the boy to the man there are examples enough to make a rule, that offended pride of opinion is restless, and failure stimulates to a blind exhibition of effort; and nowhere do we see this exemplified oftener than in difficult labor, except, it may be, in efforts to start a baulky horse.

I have said it is impossible to produce traction in a line with the axis of the superior strait, for, be the shape or curve of the forceps what they may, the force will be in a line from the point of traction to the place of attachment, or the centre of gravity, or centre of resistance. And, inasmuch as the perineum covers the superior strait in a great part, the line of traction must, to avoid injuring that organ, be thrown nearly in the direction of the axis of the inferior strait, and obliquely to the line of descent; and, for the same reason, the obliquity must increase as the head descends. It would not, under ordinary circumstances, be necessary to remind you of this obliquity, but here it is well to remember that about eight parts in thirty of the force used in traction is lost on the opposing surfaces at the start, and increases as the head descends. The force in an oblique direction is to that in a direct line as the diagonal to the base line of a parallelogram, and as the head descends it shortens the perpendicular, lengthens the base, and approximates it and the diagonal, and consequently cross-pressure is more and more nearly established. This being the case, with the head moving unobstructively over a plane, it might make but little difference in practice; but when it is remembered that the head is subject to the direction of the forceps in changing the

direction of traction, and that it may become wedged between the opposite sides of the pelvis in consequence of such change, we must acknowledge that there is something wanting in the construction of the forceps to make it an instrument certain in its conformation with these well-understood physical laws. It may be urged, on empirical principles, that it is not possible for this to make any difference, for that hundreds of labors are expeditiously terminated by the use of the forceps applied in this manner, no one would be presumptuous enough to deny. But I affirm that, even in the most skillful hands, and in the most favorable cases, part of the force so applied, on account of the causes already named, must certainly be spent upon the opposing tissues; and if so, injurious in proportion to its quantity. And that the forceps are always handled with the greatest possible amount of skill, is hardly to be supposed, when we take into consideration the actual facts in practice and the extent of their use at the present time. We need not search far for proof that the fascination of operative procedure and the stimulus of professional rivalry have thrown down the bars of caution, and opened a free field of competition to any who are bold enough to enter it. The difficulties and dangers which once were said to have surrounded instrumental interference have resolved themselves into questions of small moment, and in the hush of the night, and in the dark and secret chambers of a woman's body, the problem of health and disease, of life and death, is solved without hesitation, even by tyros in the profession. But the use of the forceps presupposes some disproportion between the head and pelvis, naturally produced or consequent upon position. In such cases the demand for every advantage becomes the more imperative. In parts in close contact, moving over each other with great friction, even in a direct line, and held to a certain position by counter-pressure, any force out of a direct line has a tendency to increase the diameter in the proportion of the base to the hypothenuse, and to force a relatively large substance through a small opening, which is impossible; hence the parts become locked, the force applied is not available, and if persistent, contusions or a solution of continuity must follow.

Suppose the head still engaged at the superior strait, three inches and a half in the bi-parietal diameter, and caught in the sacro-pubic diameter, three inches across, and the forceps properly applied. Now, suppose the head can be moulded and compressed to a size corresponding to that of the diameter of the pelvis. Is it not evident that any obliquity of the head from the axis of the superior strait must lengthen the diameter of the head, and consequently jam it between the promontory of the sacrum and pubis? I have said, when properly applied; and although, when practicable, and consonant with sound principles, it is desirable to apply them to the sides of the head, still the absolute rule of thus applying them partakes somewhat of the dogmatism of fashion, and although having, at first sight, the appearance of correct principles to sustain it, it is, nevertheless, subject to such great inconveniences in practice, and is so much opposed to our appreciation of the situation and direction of the head in the pelvis, that it would seem impossible to do so in transverse positions without doing violence to the perineum or giving an anterior obliquity to the head. If you cannot push the handles of the forceps far enough back toward the sacrum to bring the sides of the blades in a line coincident, or, at least, parallel, to the axis of the superior strait, you cannot apply them to the sides of the head, with it resting in its natural and easiest position for passing through the strait; and if there be a natural obliquity of the head toward the sacrum, as maintained by Nægelè, the difficulty would be increased. Be his doctrine admitted or not, as regards natural labors, we all know that, in brims contracted antero-posteriorly, the inclination of the brim is increased and fixed to a greater or lesser degree; and as it is in such cases that we are the most frequently called upon to apply the forceps at the superior strait, we must expect to meet a direction of the head coinciding with a line perpendicular to the increased inclination, which will increase the difficulty in applying the forceps to the side of the head. And if you force the head to the direction of the handles, you will increase the diameter of the engaging part in proportion to the inclination forward; and if it be great you will hook, if I may use the expression, the boss of the parietal bone over the promontory of the sacrum, and increase, rather than lessen, the difficulty by a faithful adherence to the rule.

It would seem that any reference to artificially produced obliquities of the head, in the

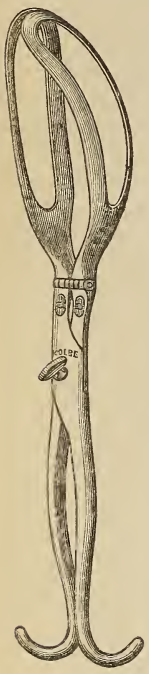
short diameters of the pelvis, if we may judge from their silence upon the subject by distinguished writers and practitioners, is unworthy of notice; and to mention it is but to call to mind a schoolboy's problem. Still, in the face of its simplicity, it is well to bear it in mind. From what has been said, I think it must be apparent that traction cannot be made to advantage with the forceps so applied and the head so placed. I have purposely avoided appealing to authorities, but I cannot refrain from referring to what Dr. Barnes says of the promontory of the sacrum. He says: "The promontory possesses a like importance at the time of entry of the pelvis to that which the spmphysis pubis possesses at the outlet. The promontory is a turning point, a centre of revolution, just like the symphysis. The curve round the pubis, which Carus described, has its counterpart in a curve around the promontory. In ordinary labor, with a well-constructed pelvis, the head enters the pelvis, and reaches the floor without deviating much from the straight line which represents the axis of the brim. Thus, it enters its orbit, the circle of Carus, at once. But a projecting promontory, involving as it does commonly a scooped-out sacrum below, disturbs this course. The promontory must be doubled. I propose to call this the curve of the false promontory." Here, as Dr. Barnes says, the promontory becomes the turning point, and well may we ask which way will the head turn? Which way can it turn? Most assuredly not to the front; it must turn backward; then how is it possible to favor its doing so with the forceps, and more especially with the forceps applied to the sides of the head? We want something by the means of which we can roll it into the hollow of the sacrum, and of a certainty we cannot do it by pulling forward.

By keeping the head well flexed, and in its descent correctly in a line with the axis of the brim until it presses upon the floor of the pelvis, we insure rotation, not only in the first and second positions, but also in the fourth and fifth, but cause the nape of the neck to become the centre of extension, making the radius bounded by the distended perineum shorter; we therefore lessen the risk of rupture of that organ, and the chances of the consequent dangers attendant upon such an accident. With the forceps as constructed you cannot do this satisfactorily. The head will extend as it descends, being held to the motions of the forceps; the perineum being in the way, instinctively and correctly, for the safety of the perineum, we must and will shun it in our efforts to extract the head, but by so doing we elevate the handles, make them the long arm of a lever, and depress the blades; the short arm, the fulcrum, being above, the forehead is carried down; thus incautiously we bring the long diameter of the head into play as a means of rupture, whereas, if we could bring the neck to the arch of the pubis before extension takes place, we would have the advantage of a smaller sweep of the head, and consequently would avoid excessive distention of the perineum; and the occiput, being kept lower in the pelvis than the forehead, will strike the inclined plane of the floor of the pelvis, and deflect even from its posterior position to the front, and thus the head, being free, will swing clear of the spine of the ischium, and seek the same place as it holds in the anterior position, and rotation is completed in the usual manner.

Such being the state of the art in regard to the use and capability of the forceps, and its uncertainty as a means of relief in cases of extreme peril of women in labor, on account of malformation, disease, or accident, and such being the evils in practice growing out of a want of appreciation of its powers and faults, it is not strange that obstetricians should differ as to a choice of means when it is one of them; and it is not strange that they should differ in the use of the instrument, when the instrument, use it as you will, cannot fulfill all the indications of labor. Baudelocque, speaking of labor, says, "The facility of its execution always depends on the union of many causes, and the failure of any one of them may render it difficult, often dangerous, to both mother and child, and even impossible without assistance." A failure in flexion or extension, failure in rotation or any other proper motion of the head, failure in the proper application of power on account of obliquity, and a failure on account of a proper relation of the head and pelvis, play such important parts in delivery, that we must say the forceps, by interfering with all these, often rather impedes than expedites it, and, in spite of the aphorism, there must be efficiency in the instrument as well as skill in the hand that uses it.

In order to obviate the difficulty of fixing the head, and to leave it free to accommodate itself,

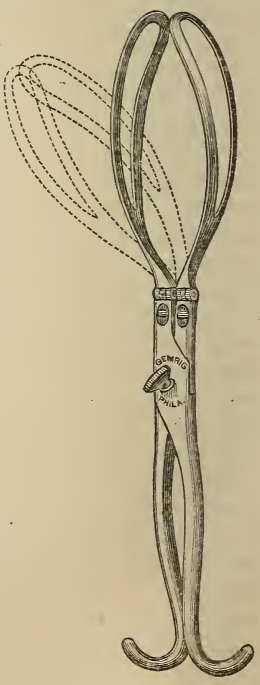
as in version and natural labor, and to enable the operator to make traction in the direction of the axis of the superior strait, I propose and have had a pair of forceps made by Mr. Kolbe, which I offer to the profession.



It differs from forceps heretofore used in nothing further than having the fenestrated blades jointed to the shanks at such an angle as will allow the blades to swing in the same line when they are applied to the head. It is so constructed as to allow of the locking of the joints to facilitate the application and correction of the position of the blades. From what has already been said as to the defects of the forceps as heretofore used, I am persuaded that the change in the construction will of itself suggest the principle contemplated.

The forceps being applied in the usual manner, the joint is freed by sliding back the catch. The head becomes at once a link in a chain, commencing with the handles and ending with the distal end of the child, and every link is free to move from any obstruction in the passage, and thereby is enabled to accommodate itself to any open space in the canal; and by making the handles a lever of the third kind, we are enabled to apply force in a direct line and coincident with the axis of any of the planes. For instance, applied to the head at the superior strait, by holding the extremities of the handles in the left hand, pressed together in the usual manner, and with such force as is sufficient to hold them, and making the fulcrum at that point, we apply the force with the other hand, as near as possible to the vulva. We thereby cause the head to flex and descend in a direction controlled by the configuration of the pelvic canal. We do not control the motions of the head, and when it reaches the floor of the pelvis, we change the force to one of direct traction after rotation is completed, and around the sub-pubic ligaments, if necessary; and by paying the least attention to the relation of the handles to the blades, we have the joint as an index to correct any departure from a correct line. The head being free, any departure likely to take place would be attended by no bad consequences, because the resolution of forces is such that any aberration would be corrected to at least a mean between the resistance of the perineum and the error in the line of traction, which would reduce the error to practically nothing.

By its use I am convinced you can exert sufficient force to extract the child's head, unless the disproportion between the parts is so great as to preclude success, and that, too, without any unnecessary waste of power on the tissues or organs of the mother or head of the child. The head is as free from dangerous compression as in the use of the ordinary forceps. The lock in the joints preserves control over them in application, and leaves them in that respect as other instruments. Being applied, the head is not turned from the least resisting direction, or forced into violent contact with the pelvis; striking any part obliquely, it is free to deflect and accommodate itself to any curve or plane, consequently all the force used is spent to overcome the unavoidable resistance of the parts and moulding the head to the capacity of the canal. It would take too much time to point out all the circumstances in which it would be preferable to others. If appreciated, it will suggest its proper use, and familiarity with it will develop new advantages.



I have also had a pair of straight forceps made, by Mr. Gemrig, on the same principle, so that, when the occiput is at the sacro iliac symphysis, it can be applied in such a manner that, in rotating forward, the handles can rotate with the head and still preserve an angular relation to the pelvis.

Sir, I would end here; but since writing the above, and on the 29th of October my

friend, Dr. Louis K. Baldwin, called my attention to an article in the *Medical Record*, dated New York, October 27th, 1877, wherein Professor Fordyce Barker is represented as presenting to the New York Academy of Medicine a new forceps devised by M. Tarnier, of France; and although, from what I can gather from the description given of it as made by Dr. Barker, there is no similarity between the instruments, either in the mode of application, of traction, or in the mechanical construction, I owe it to you and myself to refer to it; and I may be permitted to quote from myself to show that as late as two years ago the faults of the forceps were impressed upon my mind, and that my opinions were urged upon others. In an article read before the Sydenham Medical Coterie, of which Drs. Welch, Webb, Holt, Evans, and Baldwin, of this Society, are members, entitled "Modern Obstetrics," I enumerated the same facts and principles as operating against the use of the forceps as I have attempted to present to you to-night. Without going into details, I will only say, I stated, as fundamental facts, in my paper, that the force in extraction acting alone, equals the force of expulsion plus the increased resistance incident to artificially produced positions. That increased resistance endangers the tissues of the mother in proportion to the force required to overcome it. That, it being impossible to ascertain the amount of resistance beforehand, every case of extraction must be, in a certain sense, an experiment. That the fixed position of the child's head in extraction, necessarily making resistance greater, as a natural consequence, does more injury to the tissues of the mother than expulsion."

I will detain you no longer, and will only thank you, sir, and you, gentlemen, for your kind attention to what I have said. I can scarcely hope that all I have said will meet your approval. I did not expect it; but as I have often felt the lack of something in the forceps, and had my doubts as to the correctness of the principle upon which it acted, and have been more confused than enlightened by the statements of others, I attempted to find a path out of the wilderness of discrepancies for myself. How far I have succeeded I will leave the future to determine.

—Both sizes of the *Physician's Pocket Record* for 1878 are now ready.

FRACTURE OF THE HUMERUS, WITH INJURY OF THE MUSCULO-SPIRAL NERVE—SUIT FOR MALPRACTICE.

BY O. B. ORMSBY, M.D.,
Of Murphysboro, Ills.

I am induced to report the following case, for these reasons:—In the first place, I regard the case as one of more than ordinary interest; and, again, it was the occasion of a suit for malpractice. The rarity of the case is indicated by the fact that in an investigation of medical authorities and periodicals, as minute and widely extended as my circumstances would permit, I failed to find a single similar case reported. The nearest approach to it is the statement in "Gross' Pathological Anatomy," that the inclusion of a nerve in the callus thrown out at the seat of fracture is liable to occur. Had I been able to point to reported cases of the same or similar nature, it is probable the suit would not have been commenced, or, in case it had, the defence would have been more easily accomplished, and I should have been saved considerable worry, expense and vexation, besides which I think that, notwithstanding the defence was successful, the very fact of the prosecution of the suit was a damage to my practice. I am tempted to add the statement of one more circumstance, lacking which it is probable no action would have been commenced, and let all young practitioners draw their own inferences regarding the proper line of conduct to be adopted in any similar case. After the adjustment of the fracture, the father of the patient asked me to examine the other arm and give an opinion as to whether it had been subjected to proper treatment when injured some years previously. Upon complying with this request, I found the olecranon process displaced and separated from the ulna by a space of from one and one-half to two inches. I asked whether the limb had been dressed with the forearm flexed or extended, and upon being informed that it was dressed in a flexed position, I unhesitatingly gave my opinion that it had been improperly cared for. (The fracture of the olecranon was the only injury that had then existed.) I was somewhat surprised to learn that this fracture had been adjusted by Dr. ——, an old practitioner of considerable reputation in the surrounding country, and a particular friend of the family;

and it has always been my belief that if the opinion (judiciously or injudiciously) given then had been withheld, no suit would have been instituted.

Case.—November 14th, 1868, was called in consultation with Dr. J. R. D., to see J. G., a child, eight or nine years of age.

Found an oblique fracture of lower third of right humerus, from before upward and backward. The sharp lower fragment had penetrated the muscles and could be felt immediately under the skin. The injury being recent no swelling had occurred, and I suggested the immediate application of the starched bandage. The attending physician approving this course, we proceeded to apply the bandage as follows: The fragments of bone having been carefully adjusted, the forearm was flexed and the entire limb from the fingers to the shoulders enveloped in cotton wadding. A roller bandage was next applied smoothly from the fingers to the shoulder. The outside of this roller was starched after its application, and strips of binders' board were then torn off so as to leave the edges thin, softened in warm water, dipped in starch, fitted to the limb, and over them was placed another roller bandage, the inside of which was starched as it was applied. Extension was maintained by a very simple apparatus, and the case turned over to the attending physician. The next evening, passing near the place, I met the attending physician, and at his request called in with him to see the case. Found it apparently doing well; no coldness of the fingers or other symptom of impeded circulation in the hand; but, as considerable pain was complained of, we decided to cut the bandage sufficiently to relieve the tension, presuming that a slight degree of swelling was the occasion of the pain.

As the light was poor (a common coal-oil lamp, without any chimney), and the doctor's eyesight not so good as formerly, he requested me to cut the bandage, which I proceeded to do to such an extent as to relieve the painful feeling of constriction, after which I saw no more of the case during its treatment, but will complete the account of its further progress from the doctor's evidence before the court. Finding on the following morning the bandage about dry, he decided to remove the extending apparatus, cut out a portion of the dressing, and tie it up with tapes. In doing this, he found that about one-third of one turn of the inner roller bandage, located in the flexure of the elbow joint and included in the length of the incision made on the previous evening, was uncut. On the anterior aspect of the joint was a blister of the size of a silver twenty-five-cent piece. Circulation in the hand and fingers good. From this time forward the case progressed favorably until the removal of the bandage, when the bone was, in the doctor's opinion, well adjusted, with about the usual amount of callus at the seat of fracture, which judgment was reaffirmed by the experts who examined and measured the limb at the time of trial before the court; but the muscles supplied by the musculo-spiral nerve below the seat of fracture were paralyzed, and the paralysis has proven to be permanent. It was the opinion of the most experienced and best-read surgeon whose testimony was produced before the court that the nerve had been included in the callus, and that it was compressed to such a degree as to destroy its functions, and ultimately its structure. My own opinion was that the lower sharp fragment of bone had severed the nerve, and that ultimately its functions might be restored. Time has proved the fallacy of this opinion. To conclude: are there any similar cases reported, and where? Would the surgeon be justified, in a recent case, in cutting down upon the callus and endeavoring to liberate the nerve?

Any criticisms of the above case, if offered in a friendly spirit, will be meekly received. I may add, in explanation of the minuteness with which a portion of the case has been presented, that the theory of the prosecution was that compression effected by the small portion of bandage left uncut in the first incision had been sufficient to permanently destroy the functions of the nerve, and our answer was that any compression sufficiently severe to accomplish this must necessarily cut off the arterial circulation and produce gangrene.

EARLY PAYMENTS

For the year 1878 will be both a favor to the management of this journal, and will save the always disagreeable necessity of sending out reminders to those in arrears.

The cost of the subscription is but a small sum, easily spared by any one person, but failure of many to be prompt makes a serious difference to the publishers. We trust this word in season will be sufficient.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF WILLIAM PEPPER, M.D.,

Professor of Clinical Medicine in the University of Pennsylvania.

Reported for the Medical and Surgical Reporter.

Graves' Disease.

The University Dispensary has been particularly rich in cases of Graves' disease. Upon one occasion, last spring, I was able to bring five thoroughly marked cases of this affection before you, three of which occurred in boys. The patient to-day is a sewing girl, 20 years old, and a resident of this city. Some years ago she had a severe attack of erysipelas; she has suffered as long as she can remember from palpitation of the heart, and has always been easily fatigued. Her monthlies have lately been irregular; in fact, she has not menstruated at all for the past three months. There has been much leucorrhœa and pain in the back. The girl probably has some uterine disease, and is of a highly nervous temperament. Her thyroid gland is enlarged, and there is a very slight thyroid thrill. There is no exophthalmia, however.

Graves' disease occurs most frequently in females of a pronounced nervous temperament. It may occur, however, in the male. The causes which produce this disease are anxiety, overwork, improper food, and insufficient cloth ing. In females, the predisposing cause is very frequently some uterine disorder.

The prominent symptoms are protrusion of the eyeballs or exophthalmia, enlargement of the thyroid gland, and disturbed cardiac action. To these is often added marked anæmia. The degree to which these symptoms exist varies in different cases. The exophthalmia and goitre may be exceedingly marked, or scarcely perceptible. The disturbance of the heart's action is generally functional and very marked, with an exceedingly rapid pulse, and sometimes a musical, systolic, blowing murmur, due to anæmia.

Let us consider the symptoms separately. First. As regards the enlargement of the thyroid gland; as a rule both lobes are equally affected. The thyroid gland is highly vascular, and the arteries leading to it are very tortuous. When, then, there is violent arterial over action we should be prepared to find pulsation and thrill over the gland. The nature of the thyroid enlargement points strongly to the view that it is due to a dilated and enlarged condition of the vessels.

The exophthalmia is so extreme in some cases that the globes of the eyes cannot be covered by the lids, and it becomes necessary to protect them from injury by exposure to air and dust. This exophthalmia seems to be due to the distention of the vessels of the post-ocular tissues, with, perhaps, some hypertrophy of the cellulo-fatty tissues behind the globe. The disturbance of the heart's action is usually the earliest and frequently the most constant of the symptoms. There is very rarely any organic disease at first, though hypertrophy may subsequently supervene. If there is anæmia coexistent, it is not unusual to find anæmic murmurs at the base of the heart.

In looking for a common cause for the three symptoms above mentioned, it is probably to be found in a morbid condition, with enfeebled activity of the cervical ganglia of the sympathetic and of the cardiac plexus of nerves. In a few cases actual lesions of the nervous ganglia have been found. There are a few special symptoms occasionally present, which can be explained in the same manner, such as sudden flushing of the face, with violent throbbing of vessels, and sensations of fullness, or vertigo; local unilateral sweatings about the head; local modifications in nutrition, such as irregularities in the growth of hair, etc.

The diagnosis of Graves' disease can present but few difficulties if attention be paid to the characteristic features above noted. It is really a very curable affection in many instances, provided it come under treatment at an early stage, and the hygienic conditions can be rendered favorable. Even when cure cannot be effected, the troublesome symptoms can be held in check.

In the treatment, care must be had in the removal of the causes, and in securing rest, good food, change of scene, and entire release from anxieties. The various functions must be attended to, and any local disorder in females removed by suitable treatment. The best remedies are iron, digitalis, ergot, and bromide of potassium. Digitalis is the most valuable remedy for controlling the functional disturbance of the heart. It may be given in doses of from ten to fifteen drops, three to four times daily. Iron is also very useful. I shall order this patient from ten to thirty minims of dialyzed iron, three to four times daily. The iron may be combined with the digitalis. Ergot may be given internally, with a view to influencing the contractility of the walls of the arteries. I have obtained most excellent results from the injection of diluted ergotina into the substance of the enlarged thyroid gland. The needle may be introduced to the depth of half an inch, or an inch, and from six to ten minims of a solution, containing ninety-six grains of ergotina to one fluid ounce of distilled water, injected. Bromide of potassium is frequently called for, partly on account of the general nervous condition, but chiefly to assist the digitalis, or ergot, in controlling the irregular action of the heart and arteries. In the present case I shall ask my colleague, Dr. Goodell, to make a uterine examination, and see if any local disorder there can be discovered.

Rachitis.

This little thing is five years old, and was brought to the hospital some time ago by her mother. It was found impossible at that time to secure any reliable history of the case. All we could find out was that the mother, just before the child was born, had ulcerated sore throat and falling of the hair. This she attributed to an attack of diphtheria. It may have been due to diphtheria, but was more probably due to something else.

The child had always been a delicate, weakly, little thing, with impaired intellect. It presents the typical symptoms of rachitis. The changes in the bones are most marked. The head is extraordinarily large; the forehead high and broad, with two large, projecting masses of bone at the frontal prominences. An enormous ridge has taken the place of the sutures on each side. The parietal bone is unusually thickened. The thickening is most marked along the sutures. Thus I can trace out a ridge of bone marking the site of all the sutures of the head. These are the chronic rachitic changes in the bones of the head. The extremities of the long bones are affected in the same way. This is particularly true in the case of the radius and tibia. The styloid process of the radius is as large as that of a boy of fifteen. So, too, with the tibia. At the junction of the shafts of the ribs with the costal cartilages on each side there is a row of bony prominences.

Rickets begins in early infancy. The symptoms noticeable before the occurrence of the above typical changes in the bones are the following: a great indisposition to being moved about or played with on the part of the child. It is very slow to learn to walk; if it had already begun to learn, it stops short. Its bones are the seat of great tenderness, so that any handling at all makes it cry out. It is feverish at night, kicks off its bed clothes, and lies in its bed without anything on of a cold night; the pillows, too, are found drenched with sweat. This sweat is generally cephalic, but may extend to the whole of the body. The child's dentition may be fair, or it may be retarded. Such a child is very liable to continued irregularity of its bowels; to constant catarrh. Among the bony lesions the beads at the junction of the ribs and costal cartilages are the first to be noticed. Then comes the enlargement of the extremities of the long bones. The bones of the head are usually the last to be affected. Owing to the imperfect deposition of the salts, not only may the course of the sutures be marked by prominences, but you will very often find soft spots or holes in the bones of the cranium, where the skull yields easily to pressure. These soft spots are very characteristic. I do not, however, find any of them in this case.

Rickets is a very curable affection if taken in hand in the early stages. The treatment of it consists in plenty of sunlight, fresh air, good food, warm clothing, cod-liver oil, phosphates and the hypophosphites, iron and quinia. Of course particular symptoms must be attended to. If there is indigestion, some bitter tonic should be combined with the quinia.

I forgot to mention, in its proper place, that there is considerable enlargement of the spleen and liver in this case. The severer symptoms, or rather sequelæ of rickets are albuminoid degeneration of the liver, and chicken-breasted deformity.

Some Cases of Cardiac Diseases—Their Diagnosis.

Case 1.—J. McK., male, fifteen years of age. Has been complaining of palpitation, dyspnœa, and flushings of the face for the past four or five years. About two years ago had a severe attack of rheumatism. No dropsy and no swelling of the feet or of any other part of the body. His heart to-day is very rapid; pulse running 124 to the minute. The heart's action is violent, and the apex-beat is too far down and too far to the left. The impulse is heaving. Both sounds of the heart are diseased. The murmurs are very weak at the point of the heart. There are no murmurs heard upward and to the left, but upward and to the right they are heard very strongly. The murmurs are transmitted into the aorta and carotids. This is a case of double aortic disease, stenosis and regurgitation.

Case 2.—P. S., male, 40 years of age. Has been suffering for four years from sharp pain over the heart, dyspnœa and palpitation. I find, upon auscultation, two murmurs, one synchronous with the carotid and the other with the radial pulse. The natural sounds of the heart are entirely obscured in this case. The murmurs are but feebly heard at the point of the heart. The first murmur is transmitted round to the left; the other, which is of a duplex character, is heard loudly in the carotids and in the bronchials as low down as the elbow. This is a case of double aortic and of mitral disease, aortic stenosis and regurgitation and mitral regurgitation.

Case 3.—L. P., female, 15 years of age. Had pain in shoulder for first time two months ago. This pain is worse in damp weather. No cough; appetite good; father has had rheumatism; no swelling of the feet, but good deal of epistaxis. For past two years has suffered from shortness of breath and palpitation, headache, dizziness and slight symptoms of dyspepsia.

Case 4.—M. O'B., 11 years of age. For two years past has been complaining of pains in joints. More recently there has been palpitation of the heart and shortness of breath. Has been having obscure attacks of rheumatism for past two years. We must remember that rheumatic attacks are very often overlooked in young children. The case is treated as one of simple, continued fever, teething, or indigestion, and nothing thought of the rheumatic trouble until, four or five years afterwards, perhaps, we find that the patient has some form of heart disease. Both of these cases (3 and 4) are instances of mitral regurgitation. The murmur

in both cases is systolic, synchronous with first sound of heart, and transmitted round to the left.

I want to say a few words to you with regard to the symptoms and diagnosis of heart disease. Our first duty when disease of the heart is suspected is to examine both heart and lungs carefully. The two most constant symptoms of heart disease are shortness of breath upon exertion, and palpitation. There may be, in addition, dropsy, epistaxis, and cough, with spitting of blood.

First, as regards the dyspnœa It may be constant, and it may only occur upon exertion. This symptom is always present in serious organic disease of the heart or lungs, and is due to the imperfect oxidation of the blood, owing either to passive congestion of the lungs from mitral disease, or to the fact that the action of the heart is so rapid that the blood has not time to be oxidized in its passage through the lungs. Palpitation, just like dyspnœa, may be constant, or only occasional in cardiac diseases. It may be caused either by the imperfect filling of the cavity of the heart, or by the fact that the heart is always engorged and always struggling to expel the blood. Where there is a nervous element in the case the palpitation may be due to disturbance of the cardiac flexus, or positive degeneration of those nerve centres. Dropsy is only present in the later stages of heart disease, and in most cases is due to a mechanical damming back of the venous blood. This obstruction may be so great as to cause rupture of the walls of the veins, and hemorrhage, instead of leakage of serum.

In making a careful diagnosis of heart disease you must begin by examining the heart. Thus let me take Case 3, for instance. I find slight fullness of the præcordia. The impulse is felt as high up as the third rib, as far down as the sixth, and from the edge of the sternum out to beyond the line of the nipple. In this instance the area of heart dullness is three inches up and down, and two and one-half inches transversely. The normal limits of dullness are not so great. This tells me at once that something must be wrong. Let me try auscultation, as it is the most accurate physical method. I begin by listening over the head of the third rib on the left, because that spot is close to all the valves of the heart. By listening here I can distinguish a very marked murmur. (The Professor at this point entered into a long description of the character of the two normal heart sounds.) In both these cases (3 and 4) the murmur is synchronous with the first sound of the heart.

We have determined that there is a murmur, and also that it is synchronous with the first sound of the heart, but the point now arises, where is the murmur produced? Let us note in what direction the murmur is best carried. This is always the direction in which the blood is passing through the diseased valve. In this case I cannot hear the murmur at all at the aortic cartilage, and but feebly at the pulmonary cartilage. At the point of the sternum it is scarcely audible. Evidently there is no aortic, and no tricuspid disease. It is distinctly audible at the point of the heart, and is transmitted round under the left arm, and distinctly heard at the lower and posterior angle of the left scapula (this point corresponds with the apex of the heart in front). Let us see, now, where we are. We have heard a strong, blowing, systolic murmur, which is synchronous with the first sound of the heart, and is heard most distinctly at the point of the heart, and is transmitted round under the left arm and heard at the posterior, inferior angle of the left scapula. *It must be a mitral regurgitant.* In the same way I might go through Cases 1 and 2, but I hope you have seen enough to understand the method of physical diagnosis in cases of cardiac diseases. At some future time I shall have something to say to you about the treatment of these diseases.

Editorial Department.

Periscope.

On Dental Caries.

Mr. A. Stewart writes to the *British Medical Journal*: —

The general prevalence of dental caries is chiefly owing to food remaining on and between the teeth after meals—from breakfast time till the following morning—when, according to custom, the teeth are brushed; brushed, but probably not cleaned, as the brush is more often used to polish the surface merely than to assist in removing what has accumulated between them. Experiments have been referred to that prove the solvent action of weak acids on the teeth; and I think it will be conceded without proof that, were portions of our ordinary food, mixed and moistened as in mastication, kept during the night at the high temperature of the mouth, the compound would be sour. It follows that dental caries must continue to prevail as now, while it is the custom to allow the food to remain in contact with the teeth all night.

The following observations show the dependence of caries on food remaining in contact with the teeth. When the teeth are wide apart

food is not retained, and they generally remain free from caries. The lower front teeth are seldom attacked by caries when, as is generally the case, the spaces between are closed to the entrance of food by tartar. The backs of all the teeth, upper and lower, being kept free from food by the tongue, are seldom affected by caries. Lodgment of food takes place between the bicuspids, between the molars, in the depressions on the masticating surface of these teeth, and on the buccal walls of the molars, and these are the chief seats of caries. While mastication is performed by the molars and bicuspids, the upper front teeth remain free from food and from caries; but, when they themselves are made to do the work of lost or diseased molars, and the food gets between them, caries is certain to follow before long. Further proof cannot be required that, if no food remained in contact with the teeth after eating, they would be free from caries, unless acted on by acidity from other sources. The only indications, therefore, for the prevention of dental caries are the neutralization of acid applied to the teeth and the removal of food before it has become acid. The food should be removed after every meal, and all who have not the opportunity of doing so should not fail to remove it thoroughly every night at bedtime by rinsing, as the brush cannot be trusted to remove the food from between the teeth.

On Temperature in Connection with Fever.

Jobbe Duval and Landriaux, quoted in the *Doctor*, point out that in pleurisy and pneumonia the temperature of the affected side is always much higher than that of the other. Wegsheider observes that while the temperature of the axilla in fevers, and especially in typhoid, is considerably higher, that of the extremities and surface of the skin is lower than normal. Litton, of Berlin, having made researches into the action of elevated temperature on the organism, by keeping guinea-pigs in boxes with a surrounding temperature of 118° F., found that they died in a few days, and that there was fatty degeneration invading the following organs in varying intensity, indicated by the order in which they are stated:—the liver, the kidneys, the heart, the striated muscles (diaphragm and intercostal muscles), and finally the glands of the stomach.

Treatment of Ruptured Perineum.

Dr. G. W. Hutchinson, in a paper in the *Doctor*, gives this case:—

Mrs. F. H., aged thirty-two, a primipara, was confined on the forenoon of February 1st, 1877. She had a very hard, dry labor, the perineum being very thick and unyielding. The head, notwithstanding the long labor pains, having remained at the pelvic outlet for several hours, the forceps was applied, and gentle traction employed. In spite of the greatest care in its use, although the perineum was well supported, and although the instrument was removed before the birth of the head, which came into the world without doing any mischief, the shoulder came straight through the perineum, rupturing it right up to the sphincter ani, which fortunately escaped, leaving a rent two inches deep and three long. With the assistance of a medical friend, within half an hour of the occurrence I stitched the parts together with two deep silver-wire sutures, which went right under the bottom of the wound, and bound the thighs together at the knees, the patient being strictly enjoined to keep on her side, and to remain as motionless as possible. To soothe generally, and to keep the bowels quiet, I prescribed half a grain of opium every hour. I drew her urine off twice a day. Four days after she had a slight attack of cystitis, which readily yielded to treatment. The pad and dressing were removed on February 5th for the first time, and on the 6th, the bottom part of the wound having united, the superficial portion of the wound being a little sloughy, the sutures were removed, and the wound dressed with red lotion. On the 7th the bowels were moved for the first time, the result of a small dose of castor oil, without interfering with the wound. The catheter was now disused. Patient was kept in bed a week longer, by which time the wound had quite healed. She assures me that she now suffers no inconvenience whatever from the accident.

I believe the case would have done better had two or three superficial sutures been used, as well as the deep ones. These unfortunate cases are very often a source of great annoyance to both patient and doctor, but I believe that, in immediate action, which the above case well illustrates, we have an almost never-failing remedy.

Diagnosis of Intestinal Obstruction.

Mr. C. F. Maunder says, in a recent lecture—On being called to a case of intestinal obstruction, the surgeon should first determine whether the cause be without or within the abdomen, and should therefore ascertain the presence or absence of external hernia by a careful examination of its common and uncommon sites. Hernia being absent, he must endeavor to define both the nature and seat of the obstacle, because the former will often point to the latter, and to these ends the history of the case will very materially tend. It is generally accepted that when the symptoms set in suddenly and with severity, the patient having apparently been previously in good health, an acute strangulation of some portion of the bowel, most frequently of the small intestine, but occasionally of the sigmoid flexure, has occurred, and serious pathological change is imminent. On the other hand, when the history is more or less prolonged, a climax being at length reached, in the shape of complete, or almost complete, obstruction, and with or without vomiting, the obstacle will

be found in the large intestine, either in the shape of stricture involving its coats generally, or of some tumor encroaching upon its channel. This classification must not be regarded as absolute, though in a general sense, trustworthy, because it will be at once evident that a gradual narrowing of the small intestine at some point will give rise to a prolonged history, as in stricture of large intestine; while a sudden twist or strangulation of the large bowel would be attended by sudden and acute symptoms, such as are generally associated with small intestines.

Case of Complete Obliteration of the Aorta.

At a late meeting of the Pathological Society of London, Dr. Legg showed an example of complete obliteration of the aorta, just in the neighborhood of the ductus arteriosus. The subject of it was an adult who had died suddenly from rupture of a dissecting aneurism of the aorta into the pericardium. The vessel was completely obliterated for about a quarter of an inch just beyond the ductus arteriosus, which persisted as a ligamentous cord, pervious, for a short distance, to a bristle. The circulation was carried on by the anastomoses between the internal mammary and other branches of the subclavian with the epigastric and intercostal vessels. Dr. Legg believed that as many as eighty such cases had been recorded, and he referred to the two existing theories as to the mode of origin of the constriction. The one view is that it depends upon some condition of the ductus arteriosus, and the case of a child is recorded in which a thrombus was found extending from the ductus into the aorta. The other view, that of Rokitansky and Peacock, is that it is dependent rather upon an original vice of development, and Dr. Peacock had shown that it frequently went with other malformations, such as deficiency in the ventricular septum, or the presence of only two aortic valves, as in the specimen exhibited.

Researches and Experiments on a Woman with a Gastric Fistula.

In this case Duchek, of Vienna, quoted in the *Doctor*, found—

1. Normal digestion. That of breakfast lasted about four hours, of dinner seven, of supper seven to eight hours.

2. Influence of the menses. From the beginning of these there was no neuter reaction during the day, the stomach thus acting continuously except for two or three hours during the night.

3. Influence of alcohol. This always delayed digestion. Infusion of coffee had the same effect. Pepsine did not hasten digestion in the least. Distilled water did not bring on an acid reaction.

4. Transformation of alcohol in the stomach. It was generally transformed into aldehydes.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Under the title, "What Anæsthetic Shall we Use?" Dr. J. J. Chisholm, of Baltimore, urges with great force the value of chloroform. He says: Believing, as I do, that ether and chloroform will not prove dangerous if a pure drug is selected and carefully administered, except in those extremely rare cases of idiosyncrasy when both will prove toxic in like proportion, then, in the comfort of the administration, both to the patient and the surgeon, ether, in my opinion, is not to be compared to chloroform as a general anæsthetic, and can never take the place of the latter. The wave of professional opinion must move back toward a returning confidence in the safety of chloroform, which many surgeons who administer it continually have never had shaken.

——The very able and thorough review of the "Progress of Medical Jurisprudence in the United States," by Dr. Stanford E. Chaille, read by him before the International Medical Congress, has been reprinted in pamphlet form. It is of equal interest to lawyers and physicians. For copies, address the author, New Orleans, Louisiana.

——The Arkansas *Medical Record*, a monthly journal of practical medical literature, and devoted to the interests of the profession and the people of Arkansas and the Southwest, will appear regularly on and after January 15th, 1878. The editor will be Dr. James I. Hale, of Little Rock.

——Stricture of the Urethra, When and How shall we Perform Internal Urethrotomy. By Claudius H. Mostin, M. D., LL.D., Mobile, Alabama. From November number Richmond and Louisville *Medical Journal*. A very interesting and valuable contribution to this department of surgery.

——Transactions of the Wisconsin State Medical Society, 1877. Containing a number of interesting and able articles.

——Report of a Successful Case of Cæsarean Section after Seven Days' Labor, with Some Comments upon the Operation, by Edward M. Jenks, M.D., Professor of Medical and Surgical Diseases of Women, and Obstetrics, Detroit Medical College, etc. Reprinted from The

American Journal of Obstetrics, and Diseases of Women and Children, Vol. x, No. iv, October, 1877.

——Pyæmia and Septicæmia. By B. A. Watson, M.D., Surgeon to Jersey City, Charity and St. Francis Hospitals. Reprinted from the New York *Medical Journal*, October and November, 1877. A well-written and interesting consideration of the subject, covering 52 pages.

——A Series of American Clinical Lectures, edited by E. C. Seguin, M.D. Vol. iii, No. v. Whole No. 29. Points in the Diagnosis of Hepatic Affections, by E. G. Janeway, M.D., Physician to Bellevue Hospital, etc. G. P. Putnam's Sons, New York, 25 cents. We recommend this number to all interested in the subject under consideration.

——Physicians' Pocket Case Record and Prescription Blank Book. Robert Clark & Co., Cincinnati. A physician must certainly have no excuse in these times for not keeping a record of his cases, when such facilities are produced for him as the neatly bound and prepared volume before us. From the same source we receive a smaller book, intended for the pocket, and differing from the above in being more adapted to the pocket, and containing also a visiting list. Such a book lightens a physician's pocket, the weight of this latter volume being only four ounces.

——Should Comparative Anatomy be Included in a Medical Course? By Bert G. Wilder, M.D. Reprinted from the New York *Medical Journal*, October 1877. A pamphlet worthy of careful perusal by all who are anxious for a higher standard of medical education. His conclusion in regard to Comparative Anatomy is, that it should, for the medical student, be restricted to such forms and topics as may aid his special studies.

——Annual Report of the State Hospital for Women and Infants, 1718 Filbert street, Philadelphia, Pa.

——As evincing the close interest that Englishmen take in questions of hygiene, "Glen's Law of Public Health and Local Government" has passed through nine editions.

——Hemiopia and Decussation in the Optic Chiasm. By George C. Harlan, M.D., Surgeon to Wills Hospital, etc. Read before the College of Physicians of Philadelphia, July 4th, 1877. Extracted from the Transactions of that body, Third series, vol. III.

BOOK NOTICES.

Vital Magnetism—Its Power Over Disease. A statement of the facts developed by men who have employed this agent under various names, as animal magnetism, mesmerism, hypnotism, etc., from the earliest times down to the present. By Frederick T. Parson (Magnetic Physician). New York, Adams, Victor & Co., publishers, 1877. 1 volume; 8vo, cloth. pp. 235.

We confess to having opened this book with a strong prejudice against it, which was not diminished on reading the title page. But after giving it a pretty careful examination we are bound to say that our prepossessions were largely modified. It is made up chiefly of extracts from generally good authorities in reference to the peculiar force which the writer discusses, with especial reference to its value as a curative agent.

It has long been acknowledged by every one who has given the subject unbiased attention, that there is a powerful influence of the kind in question. Committees of the most learned scientists have tested and proved it, physicians and surgeons have at times employed it with striking alleged success, and, as affording curious amusement, it has repeatedly been exhibited on the public stage. Just what we are to call this influence, just where to range it with other forms of force, scientists are not agreed. Obscure and irregular in its manifestations, and often used to deceive the credulous, and aid charlatanry, investigations concerning it are looked on with suspicion, and have fallen into bad odor. That it is, for all that, a real and an effective force, must be conceded.

The author of this volume has done well to collect the evidence of its therapeutic value. That he over-estimates it is very probable; but he presents the subject with judgment, and we have not remarked that he obtrudes himself or his own special powers in an offensive way. He claims that the magnetic practice need not, and ought not to come into competition with medical practice of any school, nor exclude medical science in any form, but should be accepted as one of the physician's most powerful aids. Its proper field of application is more specifically within the line of nervous diseases where medication has failed to afford relief."

He asks for unbiased investigation, and it is certainly a field worth more study than has been given it of late years by the regular profession.

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PREMIUMS AND INDUCEMENTS.

From and after the first of October we are offering to all *new subscribers* the REPORTER for *fifteen* months (October 1, 1877, to January 1, 1879) for *five dollars*, one year's subscription price.

That our old subscribers may also receive an equally liberal offer, we make them the following proposition.—

Any old subscriber who will send us one new subscriber to the REPORTER, remitting ten dollars to cover the two subscriptions, will receive the Physician's Daily Pocket Record for 1878, or the Half-Yearly Compendium for 1878, *gratis*, as he may prefer.

Any old subscriber who will send us a new subscriber to both REPORTER and COMPENDIUM, remitting twelve dollars to cover both subscriptions, will receive a copy of either *Napheys' Medical Therapeutics, or Napheys's Surgical Therapeutics*, as he may prefer.

THE CHANGES IN MEDICAL PERIODICAL LITERATURE.

The demise of most medical journals hardly calls for extended comment. Started to advertise some college, or the medical works of some publishing house, they have no hold on life beyond this, and rarely rise to any standing with the profession at large. But it was with positive regret that we read the announcement that the ably conducted quarterly, *The British and Foreign Medico-Chirurgical Review*, published by the Messrs. Churchill, of London, was discontinued with its October number. In their notice of this cessation, the publishers make some very just and pregnant remarks on medical literature in general. The following is an extract:—

"The standard position of the *Review* has been again and again attested by the importance which anxious authors have been wont to attach to its critical remarks upon their literary productions. But in the present day he who would succeed in life must mark the signs of the times. For several years we have witnessed the gradual decline in sale of that which once was a good property, and, in spite of all our efforts to infuse new life into our old friend, we have been obliged to stand by and see it languish, so that the period has at last arrived when to continue to publish it would be to incur an annual loss which would rather increase than diminish as time went on. The reason of all this is that the day for quarterlies is gone by, and, in the face of the daily and weekly periodicals, a quarterly, with its thoughtful articles and well digested reviews, is no longer appreciated as formerly. This remark applies, we may state, not less to general than to medical literature."

Commenting on this event in its more general aspect, the *Lancet* exclaims:—

"The days of quarterlies are gone! With the demise of the *British and Foreign* we think we hear the knell of others, be they medical, philosophical, or general. In these bustling times we cannot, at least we fancy we cannot, wait three, six, or even more months for a judgment; subjects now are old and threadbare long before they find a place in a quarterly magazine. Apparently it is nothing to the point that in publications of this class greater facilities exist for displays of learning, and of careful and elaborate criticism. The Nineteenth century people, in every station and walk in life, find that they can dispense with these without feeling the worse for it."

While the fact is here most pointedly stated by these experienced authorities, the explanation of it is deficient. It is not that the present generation of medical men is less thorough, less reflective than the last. Look at the enormous and rapid progress constantly making in pathology, chemistry, all branches of science.

The reason is that with the incomparably greater facilities for intercourse, with mail matter traversing an ocean or a continent in a week, telegraphic matter in an hour, any science concerned with the immediate progress of man demands more than a quarterly summary; any scientific student or practitioner will find himself distanced who depends on such a slow-footed bringer of news. It is our energy, not our superficiality, which finds the tardy quarterly medium which satisfied a slower generation altogether short of our wants.

Whatever the explanation, the fact is the same. Nothing short of a weekly journal meets the wants of the intelligent physician of to day. He wants one, moreover, which is alive to present issues; which is bound neither by prejudice nor interest to give one showing to a question only; which is independent but not partisan; which takes sides in earnest, but gives opponents a fair hearing; which is not a vehicle for personal dislike nor adulation, but which does not hesitate to attack when there appear good grounds for attack; to praise when merit is visible and positive.

Again, the great mass of the profession are tired and disgusted with barren theorizing. Long discussions on pathology and the action of medicines have worn them out. What they want is the real, the positive, the practical. Schiller gave the watchword of the century, *Grau ist alle Theorie.* The less of it the better. We want facts and the solid truths they teach us, not the fine-spun webs of this or that professor's brain. Brief, pointed articles on practical topics, coming often and well varied, make up the journal of to-day as it should be.

Notes and Comments.

The Management of Vicarious Hemorrhage.

The eminent Parisian surgeon, M. Maisonneuve, thinks that much harm may be done by meddlesome interference in these cases. He cites the case of a woman who for six years had been subject to vicarious attacks of hæmatemesis, and in whom medical treatment considerably increased the quantity of blood vomited, and threw the patient into a profound state of anæmia. In short, if there are cases where active interference is necessary there are others where it is prejudicial. Medical treatment is advisable in all cases in which the benefit expected from it is greater than any harm it may do, as—1. In all cases where the loss of blood and the gastric disturbance threaten the life of the patient, or make the patient so weak that life is a burden to her. 2. Also in those cases in which the supplementary hemorrhage has been only recently established, and has therefore, not degenerated into a morbid habit.

Sims on Lister's Process.

Our eminent countryman, Dr. Marion Sims, has written a letter to the *British Medical Journal*, strongly endorsing Prof. Lister's theories, and inquiring why his practice is so little used in the United States and elsewhere. He rightly states that it is because it is so complex and costly. He prefers a combination of it with Guérin's raw-cotton method. He says:—

For the last ten years I have used plain, clean, dry cotton wool as a dressing for the abdominal section in ovariotomy, and I can truly say that no other dressing will compare with it. To kill atmospheric organisms in a glass flask with a long narrow neck, we apply heat and close the open neck of the flask with cotton wool, and nothing else, and it protects the contained fluid against all change indefinitely. About this there is not the shadow of a doubt. And to kill atmospheric organisms during surgical operations, we use carbolic acid, dilute sulphurous acid, or other germicide, in spray, and with absolute success. Now, if at this stage of the operation we could simply cover the wound over with cotton wool, as we do the mouth of the purified flask which contains putrescible fluids, it would save us a great deal of time, trouble, and money. If the cotton wool "does not permit the entrance either of the yeast-plant or any other form of dust" in the one instance, why should it in the other? If the cotton wool filter the air from its im-

purities as it passes through a glass tube, why can it not do the same thing under other and all circumstances? If the carbolized textures used in Lister's dressing are absolutely essential to protect wounds against the entrance of atmospheric germs, why, then, should they not be equally essential to protect the open-mouthed purified flasks against their entrance? But Professor Lister has proved in hundreds, nay in thousands, of instances that cotton wool, unmedicated, uncarbolized, is alone sufficient to protect the contents of purified flasks against putrefaction, and it now remains for him to prove whether cotton wool is or is not alone equally effective in protecting surgical wounds against the entrance of atmospheric organisms. But it may be said this point has been already established by Guérin, at Paris, and James R. Wood, at New York. However, they have not made their experiments on the theory of antisepticism. They have not used the carbolic spray at all. If they have achieved such good results with cotton wool alone, without the carbolic spray, what may not be accomplished with the spray and cotton wool dressing conjoined?

Ovarian Dyspepsia.

At a meeting of the Harveian Society Dr. Milner Fothergill described a form of dyspepsia combined with leucorrhœa, and commonly, too, with menorrhagia, which depended upon morbid conditions of one or both ovaries. Experiment had shown that irritation of the sympathetic nerves of the stomach produced contraction of the gastric arterioles and defective secretion of gastric juice. In aggravated cases, there was vomiting of a reflex character, as seen in the early months of pregnancy and in calculus of the kidney. This form of dyspepsia was very intractable, unless its causal relationships were remembered and borne in mind in the treatment. Blisters over the ovary, with bromide of potassium and sulphate of magnesia internally, were more effective than bismuth and hydrocyanic acid. The gastric condition was not primary, but reflex.

Experiments with the Tapeworm.

Some doubt has hitherto existed concerning the identity of the tapeworm in men and in pigs. To solve the question, M. Redan made several experiments on himself, the results of which M. Milne Edwards communicated to the Academy of Sciences. Having found some cysticerci in the body of a subject at one of the Lyons dissecting rooms, he swallowed four portions of the worm in warm milk, and gave several other cysticerci from the same subject to a number of pigs and puppy dogs. The former animals died of enteritis; the dogs, when killed and examined, presented no trace of the entozoa. But three months afterwards M. Redan discovered in his stools the proglottis and ova of a tænium, which were soon followed by the expulsion of a complete section. M. Redan, therefore, concludes that tapeworm may exist in man without the ingestion of a transitory form derived from pork.

Opium in Intestinal Obstruction.

An English exchange states that Dr. Leriche, of Maçon, has found the hypodermic injection of morphia of great service in cases in which all other means had failed. He found that the injection of atropia did more harm than good. It gave rise to delirium, and failed in provoking the least evacuation. Morphia, on the contrary, appeared to have a marked effect upon the production of stools, the action of enemata and of purgatives being promoted in proportion to the largeness of the dose administered. Indeed, in these cases the morphia should be given in large doses.

Artificial Atrophy of the Globe of the Eye.

La France Médicale, September 29th, thus describes the method employed by Professor Schulck to produce the above condition:—

A small filiform seton is passed into the vitreous body and left in position from four to six hours; when withdrawn it is followed by a slight degree of chymosis. Atrophy begins after the operation. This method has been employed in very different cases—hydrophthalmos staphyloma, cyclitis—and no inconvenience has been experienced from it. The adaptation of an artificial eye is also rendered easier.

Pneumonia in Children.

Dr. W. Squire, of London, read a paper recently on some cases of pneumonia in children. He said it was a comparatively common disease in children; but it was not like bronchitis, a disease of cold weather, but of spring and autumn. He spoke of simple lobar pneumonia. He then gave the chief indications, and laid special stress on a rise in the frequency of the respiration in comparison with the pulse-rate. In one case, a temperature of over 104° Fahr. was reached, yet the child recovered. In another, the respirations amounted to 100 per minute and the pulse to 200. In young child-

ren the prognosis largely turned upon the extent of the lung involved. As to its pathology, pneumonia was rather a disease of the blood than of the respiratory tract. Pneumonia and pleurisy were often closely associated. The treatment consisted chiefly in hygienic measures, as keeping the child quiet in bed. Depressant remedies were not usually well borne. Mercurials should never be used, except as occasional aperients. Alkaline drinks were good. It was a matter of great moment to secure sleep. It was a disease of high temperature.

A Substitute for Litmus Paper.

As a substitute for ordinary test paper, Dr. E. Luck draws attention to a new substance, phenol-phtaleïn, which may easily be prepared by heating phenol with phtalic anhydride and concentrated sulphuric acid. This body is entirely colorless in neutral or acid solutions, but exhibits an intense purple color in the presence of the least excess of alkali. The change of color is instantaneous, and its depth intense, so that even mere traces of the indicator and of an alkali become recognizable.

Correspondence.

Talipes Equino Varus.

Ed. Med. and Surg. Reporter:—

Two cases answering to the subject of this communication having recently fallen into my hands for treatment, and thinking it may not prove wholly uninteresting to your readers, I will make a report of the method of treatment made use of, and its results in these cases. I do not claim that this method is new, nor in any sense original with me, but cite it as a testimonial, if I may be allowed to use that term, in favor of the plan referred to.

Case 1 was an infant two months old at the time I commenced the treatment. This was a case of congenital talipes of the variety above spoken of. In this case the contraction of the tendons was not so great but that the foot could be brought into its normal position without causing much, if any, pain; therefore an operation was deemed unnecessary, and the following described appliance adjusted. The appliance is virtually an artificial muscle, which is made use of in these cases, to take the place of the peroneal muscles, which are dormant as regards their function of contraction. It consists of a fan shaped piece of adhesive plaster, cut into strips half an inch wide, to within two inches of its smaller end, and long enough to completely encircle the foot. Attached to the apex of the plaster is a strong piece of elastic tape, long enough to reach from the foot to the knee. There is also a collar made of leather, with a buckle attached to its lower border, to fasten around the thigh just above the knee. The plaster is applied to the foot with the apex of the fan over the ball of the little toe, while the strips are carried smoothly over the foot, from within outward. This is to be bound on with a roller bandage, and the foot brought into position, and the elastic tape fastened to the buckle in the collar. The tape can be tightened as the necessities of the case require, and the child will kick itself straight. The treatment of this case was begun about the middle of July last, and the result is all that can be wished for. The appliance will have to be kept on, however, until the child begins to walk.

Case 2 is a brother of the former patient, aged five years. The deformity is precisely the same as that in Case 1, with the addition of an arrest in the development of the muscles and bones of the affected limb. In this case the foot could not be brought into its natural position by any reasonable amount of force. The operation of tenotomy was accordingly performed, by dividing the tendo achillis, and the tendons of the tibialis anticus and porticus muscles. Three days after the operation the appliance above described was adjusted, and in a week afterward the patient allowed to run about. This operation was performed October 26th, 1877. I have made use of the electric current every other day, through the atrophied muscles. The patient is also taking a thirty-second of a grain of strychnia three times a day. The results of this case at the present time are such as to leave no doubts as to the ultimate recovery with a perfect foot and limb, with the exception of a slight degree of shortening of the leg as a whole.

The occurrence of these two cases in the same family, and that of Case No. 1 under peculiar circumstances, brings up the question of maternal impressions received during gestation, as affecting the offspring. While the mother of these children was six months advanced in pregnancy with the child that afterward figured as Case No. 1, the father took the other patient and carried him across the mountain, to a farmer, who told him he could cure the child. He, therefore, left the boy and came home, and told the mother that her boy was to remain away from home six months, for treatment. This announcement so grieved her that she slept very little for a whole week, but continually mourned the absence of her boy. Now, whether this can justly be considered as any proof bearing on this question, we leave it to your readers to judge. But, be that as it may, it seems to me that the evidences are too conclusive to be mistaken, in very many cases, that maternal impressions do at many times materially affect the offspring in the various ways known as mothers' marks.

Bethel, Vermont. L. M. Greene, M. D.

Silver Plate in the Skull.

ED. MED. AND SURG. REPORTER:—

In reporting a case in the November 24th issue of your journal, Dr. Snively says he used a silver plate on a place where the brain exuded. In my experience I have had one case where the skull on the upper and back part was fractured, and a "teacupful" of brain was said to have been lost, and there is now a spot, one and a half inches, without any bony skull. He is a bright boy, and seemingly none the worse for his brain loss.

Last August, Dr. Crawford, of Wanbeck, and I removed both tables of the depressed calvaria, for over two inches in diameter, in a boy eleven years old, with a good recovery. I was asked, I can't tell how often, whether we put a silver plate over the opening. We did not, and I don't remember seeing anything in particular on the subject until this case of Dr. Snively's. Now I would like to know whether Dr. Snively was successful in keeping the plate *in situ* until it healed over? And whether, in good surgery, the foregoing cases could and should have had plates? I know that some information on the above subject will be thankfully received by a good many country doctors out this way.

H. W. SIGWORTH, M.D.

Anamosa, Iowa, November 26th, 1877.

Death from Rupture of the Heart.

ED. MED. AND SURG. REPORTER:—

I was called, October 27th, 1877, to make an examination of the body of Michael Cade, a young man twenty-eight years of age, who was found dead in front of the barn at the place he worked. He was discovered about six o'clock in the morning, lying on his face, and had been dead some time, as he was partially frozen. He was a strong, muscular man, of medium size. Occupation, a farm laborer. Had used tobacco from his youth, and at times would have a "drunk." It was found out that six or eight of the hardest boys in town were on a "spree" at the barber's shop the night before, and that he was one of the number; also that he had had hard words with one of them and wanted to fight, but was prevailed upon to go home at about ten o'clock, two of the number going part of the way with him, though he was not too drunk to walk alone. It is supposed he went directly home at that time, and knowing his condition, thought he would go to the barn and stay. He opened the door, and as it swung open he fell with it on his face, not making a move or struggle after.

I made the examination twelve hours after he left the shop, assisted by Drs. Thompson and Hazleton. I first removed the stomach, which was filled with partly digested food, and with a strong odor of alcohol, in fact, this odor was perceptible throughout the body. There was nothing abnormal about this organ, except small patches of inflammation caused by the alcohol.

I next opened the thorax; the lungs and pericardium were filled with blood; should think about twelve ounces ran from the latter. On making an examination of the heart, a rupture of the right auricle was found, the rent about half an inch in length. The walls of the right side were thin and dilated. He had never made complaint of heart trouble. The question in my mind is, what was the cause of the rupture at that time. Was it the rum, or falling with his face in the mud and being too drunk to get up? I give it as my opinion that rum was the cause of his death, and it should be a warning to all those who are addicted to its use. Taking all things into account, I think it a remarkable case, and should like to hear, through the columns of the REPORTER, from some one of more experience than myself.

F. H. CILLEY, M.D.

Barnet, Vt., Nov. 28th, 1877.

NEWS AND MISCELLANY.

Cremation in Italy.

The *Lancet*, of October 20th, says that, on the 9th of that month, at the cemetery of Riolo at Lodi, Prof. Gorini made a new trial of the crematory apparatus invented by himself. There were several distinguished persons present, among them Dr. Bono, who was delegated by the Council of Milan; Dr. Nardi, also of Milan; and representatives of the leading Italian papers, professional and lay. The number of army surgeons in attendance was also remarked. The body destined for cremation was that of a man, sixty-two years of age, and weighing forty two chilogrammes. It was introduced into the apparatus at 1 P.M. At 3 P.M. the fire had done its work, and there remained of the body only 5 per cent. of its original weight. Not the slightest fetor or disagreeable sensation was experienced by the bystanders. This result was obtained with the consumption of two hundred chilogrammes of wood. A round of applause saluted Professor Gorini, and, in the name of the company, Dr. Bono congratulated him on having produced the most expeditious and thorough crematory apparatus yet known.

The Anti-Contagious Diseases Folk.

The *Revue Scientifique* refers to the International Convention lately held at Geneva for the repression of prostitution. "This Congress," it says, "convoked by the English pietists, included a great number of Protestant clergymen of all countries and a good many elderly ladies. The walls of the hall of meeting were ornamented by pictures relating to the objects of the assembly. We remarked there a painting representing the horrors of a vivisection. A crowd of disheveled physiologists are represented as precipitating themselves, with

great knives in their hands, upon a poor dog who lay howling with all his might. A band of students provided for the occasion, with the countenances and demeanor of so many convicts, are represented as experiencing great enjoyment from the spectacle. Thus the authors of this precious picture depicted a course of physiology in one of the abandoned and evil disposed schools of medicine.

The Diphtheria.

In Conshohocken, and other outlying towns, diphtheria has spread so rapidly within the last few weeks as to become the occasion of considerable alarm. The health records in this city do not show any important increase in the number of cases, though last week there were more deaths from the disease than in any preceding week for several months. During October there were forty-two deaths from it, and in November forty-four. Health Officer Addicks assumes that there is no particular cause for alarm among the residents of Philadelphia.

Healthy Dwellings.

The New York *Times*, of the 18th, in a well-written editorial article, contrasts the evils of overcrowding, as shown in the tenement districts of that city, with the inestimable benefits enjoyed by the working classes in Philadelphia, and states that the difference is caused by the fact that in New York ground is generally divided into large plats, while here it is cut up into small lots, which any economical workingman can, by the help of our building associations, afford to own.

Death-Rate in Russia.

Official reports, issued by the Municipal Council of St. Petersburg place the death-rate of the capital for the past quarter as high as 35 per 1000, at Moscow 38, and in the southern towns from 40 to 45, a mortality surpassing that of India during the most unhealthy seasons. Scarlet fever, small-pox, and cholera are the diseases most prevalent, and, if anything, they rage with greater intensity in the country than in the towns. This great mortality is largely due to the utter neglect of the most simple laws of sanitary science on the part of the Russian lower classes, and to the absence of so many physicians and sanitary officers at the seat of war.

Artificial Milk.

A Liverpool correspondent writes :—

"A mixture of starch-paste, coloring matter, and new milk, so ingeniously effected as to give it the appearance of very rich cream, having been vended for that article by a milkman, an unappreciative customer caused his appearance before the magistrate, who, while recognizing his originality and genius, felt compelled to mark his sense of the absence of other qualities, even more essential in a tradesman than they, by imposing a penalty of 20s. and costs."

Personal.

—Dr. Ralph M. Townsend, of this city, writes us from the North Woods, stating that he has quite recovered from the severe attack of pneumonitis he experienced in Colorado last spring, and hopes in a month or two to recommence his very interesting letters on health resorts.

—Dr. Price, Assistant Physician of the Philadelphia Dispensary, has extracted as many as ninety teeth a day at that institution. An item worthy of consideration by dentists who are anxious about abuse of charities.

—Dr. W. R. Basham, well known for his works on renal diseases, died in London in October, in his seventy-fourth year, of apoplexy and paralysis. He was a gentleman of wide culture and highly esteemed in professional and social circles. For many years he had been senior physician to Westminster Hospital.

DEATHS.

BARDIN.—In Philadelphia, on the 28th ultimo, Harriet Newel, wife of Dr. A. Z. Bardin, in the sixty-second year of her age.

EDWARDS.—On the 8th ultimo, at Washington, D. C., Dr. Lewis A. Edwards, U. S. Army.

HASBROUCK.—At Hackensack, N. J., November 25th, Charles Hasbrouck, M. D., aged 59 years, 7 months and 14 days.

HINMAN.—In West Charleston, Vt., November 6th, Mary P., wife of Dr. George A. Hinman, aged 57 years.

HUKILL.—At West Liberty, W. Va., on the morning of the 4th of September, 1877, William Hukill, M. D., in the 38th year of his age.

MARRIAGES.

FOOTE.—At New Haven, Conn., Saturday, November 17th, Dr. Eliat T. Foote, formerly of Chautauqua county, N. Y.

KEATING—MCCALL.—In Philadelphia, on the 13th ultimo, by His Grace, Archbishop Wood, Dr. John M. Keating and Edith, daughter of Peter McCall, Esq.

LEACH—GODDARD.—On the 8th ultimo, at Worcester, Mass., by the Rev. Dr. E. Cutler, assisted by the Rev. Dr. E. G. Leach, of Boston, Alfonzo L. Leach, M D., of this city, and Jennie W., daughter of Henry Goddard, Esq., of Worcester.

OCKFORD—HORNE.—On Thursday evening, Nov. 22d, at Christ Church, Hackensack, N. J., by Rev. Wm. Welles Holley, Mary E. L. Horne, granddaughter of the late John Wyse, of Middletown, Conn, and George Morgan Ockford, M.D., all of Hackensack.

SMITH—BOWERS.—By Rev. B. Shields Sloan, at Nole, October 25th, 1877, John B. Smith, M D., and Miss Elizabeth J. Bowers, all of Indiana county, Pa.

STROUD—ELLIOT.—On the 15th ultimo, at Washington D. C., by the Rev. Joseph May, Dr. William D. Stroud, of Philadelphia, and Mrs. Mary J. Elliot, of Washington.

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Late Asst. Physician, "Sanitarium," Media, Pa.

JOSEPH PARRISH, M.D., Burlington, N. J.,
Consulting Physician.

Details on application, or, see this Journal, Oct. 20, 1877. 1079-1085eow

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THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

HAY FEVER.

BY JAMES EUGENE BELL,
Of Baker's Ferry, Georgia.

In the Reporter of September 8th, you quote from a paper of Dr. Patton on Hay Fever, in which he denies that the pollen of certain plants is the exciting cause of the disease. He "applied the pollen to the nostrils, the conjunctiva, and scarified spots on the skin, without causing anything more than a passing irritation."

Now we are not informed whether Dr. Patton applied this pollen to the conjunctiva, etc., of hay fever sufferers, and if he did not, the experiment is entirely worthless, since only an occasional individual is subject to the disease; and if the internal and occult cause within the subject's own system be wanting, pollen or other agents could not act as an exciting cause, and the experiment would, therefore, be nugatory.

Hay fever, so called, as witnessed in this section of country, cannot be attributed to the pollen of any of the grasses; but that the pollen of certain flowers does excite the disease, I will attempt to show in this paper.

I have been a sufferer from this disease since 1857, just twenty years, and its annual return has been perfectly true to time. It has made its appearance with such perfect regularity (at no time missing the first day of September more than three days, and, when missing at all, always in advance), that, until I came to know that there were some spots on our planet where I might enjoy immunity, I was disposed to look for a cause in some change in the magnetic or electtic condition of the earth while passing through that particular part of her orbit. Experiencing, however, one year of these twenty, entire immunity, dispelled this illusion. That year was 1862. During the month of September of that year, I was in the Confederate camps in front of the Federal works at Cumberland Gap, Tennessee. Our camps were in the forest of that mountainous region, and no cultivated fields were near us. If the immunity I enjoyed that year were due to the particular site of my habitation (which I do not doubt), that region may be made a place of resort to hay fever sufferers, and be to them a blessing.

To find the cause of the disease which gave me so much suffering, and robbed me of the principal part of life's joys at least one-twelfth of my time, was to me a matter of very great importance, and I lost no opportunity to seek it. I knew it was to be found in something that made its appearance coincidently with the disease, and passed away coincidently with its decline. Noticing that my suffering and the flowering of the common hay-weed (*Ambrosia artimisiæfolia*) came hand in hand together—and that when its flowering was over, and the pollen ceased drifting from its numerous little flowers, my trouble also abated, I concluded that the cause was to be found in the flowers of this weed; and repeated experiments and subsequent experience have convinced me that its pollen is the prime, if not the sole, factor in the causation.

This weed is one of the most abundant that infests our cultivated fields. It springs up after

the harvesting of our wheat, oats, etc., and becomes as thick as the wheat itself had been, and grows along fence rows, roadsides, and everywhere it can escape the hoe and plow, by thousands. Its flowers, beginning to open about the first of September, are in long terminal racemes, and its barren ones are especially numerous, and afford a sulphur-like pollen in the most wonderful profusion. This pollen being very light and fine, is easily wafted about by the wind, and is floating everywhere in the atmosphere in myriad numbers during the whole period of the plant's flowering.

For a time it was to me a question whether the pollen caused the trouble by its direct mechanical effect upon the mucous membrane, or by carrying along with it a volatile oil, but I am convinced now that the latter is true. As confirmatory of this view, and as corroborative of the ground taken in this paper, that the pollen of the weed above referred to does act as an exciting cause of the disease under consideration, I will state the following facts :—

Three years ago I conceived the idea of bracing my system against the effects of this pollen by taking it internally, hoping thereby to induce a kind of tolerance to the poison, in the same manner as workmen in arsenic factories are said to protect themselves against the poisonous fumes by taking large doses of the drug internally; in short, becoming arsenic-eaters. I accordingly prepared a saturated tincture of the open flowers of this weed, pollen included, and commenced to take it in teaspoonful doses every two or three hours. I soon found my doses too large, my symptoms all aggravated, and the same kind of irritation which I was striving to relieve in the eyes, lungs etc., set up in the œsophagus, stomach, etc. I desisted from its use, but the next year resorted to it again, a short time before the attack, in much smaller doses, and with some, but not as much, benefit as I had hoped for. I am still of the opinion, however, that under a fair trial, commenced at least one month before attack, this may yet prove a valuable preventive against this form of hay fever.

Months after my trouble was over, with no vestige whatever of the disease remaining, I have, by way of experiment, applied this tincture to the conjunctiva and Schneiderian, with the effect every time of inducing the identical symptoms I had so often felt before, and which, once felt, cannot be forgotten. These symptoms were, of course, soon gone as a "passing irritation," but the effect of the same quantity of tincture capsicum would have been more "passing." The irritation was not continually kept up, because the irritant was not continually reapplied, as is true in regard to hay fever sufferers.

Even if we have ascertained beyond question that the volatile oil of the open flowers of hog-weed, called also rag-weed and carrot-weed (*ambrosia artimisiæfolia* if I am correct as to its botanical name), is the exciting cause of this form of the disease under consideration, we remain still in the dark as to the true cause, or rather, as to what the disease itself is. It may be found in some diseased condition of the nervous centers, or in the sympathetic system, but more probably the error lies in the periphery of the nerves themselves on the affected mucous membranes. Why one suffers and hundreds do not is the question. A solution of this problem may also solve the riddle of a remedy, or, at least, show no real remedy to be possible.

The idiosyncracy of medical writers is a verbal subterfuge, explaining nothing, and yet in the present state of our knowledge we have nothing better to offer. It is simply saying that one is always made sick in the same manner by exposure to certain influences, while hundreds similarly exposed remain unharmed. The few always suffer, the many always escape.

Certain persons are seriously affected with asthma by inhaling the dust of ipecacuanha, and their number is far greater in proportion to the whole number exposed than that of hay fever sufferers; for whatever the cause of the latter may be, every one living in the same community is exposed to it at the same time. If the dust of ipecacuanha were floating as thick in the atmosphere as this weed's pollen is during the month of September, we would see more cases of that form of asthma than we now see of hay fever, and yet, those who are so seriously affected by this pollen are unharmed by ipecac., and *vice versa*.

Symptoms.—Hay fever is a misnomer, for the affection is not a fever; and hay-asthma is a misnomer, for it is not a true asthma. September cold would suit this form of the disease better, as the old name, "nose cold," suited that form. The most prominent, and the most persistent symptom may be explained in one word—*itching*. This itching first attacks the

nostrils, and rapidly passing upward it enters the lachrymal duct, proceeds to the eyes, and spreads over the conjunctivæ, both palpebral and ocular, being peculiarly persistent within the internal canthus. Now passing backward, over the posterior nares, it attacks the soft palate, and uvula, reaches the pharynx, and invades the Eustachian tube, and extends toward the middle ear; thence downward to the epiglottis, entering the larynx and trachea; and finally, reaches the remotest ramifications of the bronchi, confining itself all the while to the surface of the mucous membrane. Thus, every mucous membrane exposed to the action of the atmosphere suffers, excepting that on the lips and the inside of the mouth. Why these parts escape is probably due to their less sensitive nature, and also to the fact that they are constantly bathed in saliva and washed by drinks, etc.

After the irritation extends to the larynx and bronchi (which is often several days after the attack), cough becomes at times quite troublesome. This disposition to cough, when closely analyzed, will be found to proceed from a sensation of itching, and the act of coughing is an effort of nature to relieve that sensation. The cough, however, instead of affording relief, aggravates the symptoms and induces a still greater desire to cough, soon followed by congestion of the mucous membrane and wheezing, simulating true asthma.

The wheezing of this affection is not caused by a spasmodic narrowing of the small air tubes, as affirmed of true asthma, but is due to a thickening of the mucous membrane of those tubes, encroaching upon their calibre. The relief which finally follows a free secretion and expectoration of mucus, would, it seems, argue a similar condition even in asthma proper.

The sense of itching, when in the nostrils, gives rise to sneezing, and a constant desire on the part of the patient to rub the parts, and to blow away the offending matter, while a free secretion of limpid, briny fluid pours therefrom, having, at times, mixed with it flocculi of tough mucus, resembling the membranous matter of croup. Sometimes this fibrinous exudation comes off in distinct patches as large as the thumb-nail, and of the thickness of tissue paper. It is of a yellowish color, very tough, and insoluble in cold water. Sometimes shreds of the same character form on the conjunctivæ, very difficult to detach, and causing much annoyance. The secretion from the larynx, bronchi, etc., is no doubt similar, if not identical in character, but being detached and coughed up as fast as formed, and being mixed so largely with the normal secretion of those parts, time is not allowed for it to change its color, nor to assume the tough nature of the other.

Before dismissing the subject of symptoms, it is proper to state, that although all these mucous membranes are subject to suffering during an attack of this disease, it is rare that all suffer at the same time. The conjunctivæ may be severely affected for hours at a time, while the Schneiderian, throat, etc., are at rest; and again, the conjunctivæ may be at ease while the nostrils are the seat of much distress. Sometimes cough is the only trouble complained of; and it occasionally happens that the disease spares all the parts at the same time, the patient enjoying a season of comfort for twenty-four hours, or even longer, with no symptom to annoy him.

Treatment.—All that is known of the treatment of hay fever, may be told in a few words. This must remain the case so long as we are in ignorance as to the true nature of the disease. The remedies we have to offer are at best but palliatives. It is true that the removal of the cause from the patient, or the patient out of the reach of the cause, would be as good as curative, but the former is not possible, and the latter is practicable for but few patients. We must, then, give the patient the benefit of the best palliatives at our command, while he remains at home.

Of paramount importance is the employment of such means and agents as will mitigate the intolerable itching, which, as above shown, is by far the most distressing symptom in this form of hay fever. The phenomenon of itching, whether of skin or mucous membrane, is most probably due to a contraction or lessening of the calibre of the minute capillaries, and the consequent laborious circulation of blood through them, while the vessels of larger size communicating therewith are in a state of active congestion. Perhaps the same amount of blood passes through them in a given time, as should in a normal condition of the parts, but on account of this narrowed state, far more rapidly. Now, this explanation may not be strictly true; but it is certain that there is some error in the capillary circulation, for when a

diffused hyperæmia and equalized circulation is induced by chafing or rubbing the parts, the sensation of itching is for a time relieved.

The conjunctiva itches in this disease most intolerably, and the patient, true to the instincts of nature, resorts to rubbing, but the only relief experienced is during the process, for he immediately afterward finds the symptoms aggravated. He cannot scratch the conjunctiva as he would the skin, hence he rubs it through the lids, and these being so smooth and well lubricated, no effect is produced until a pressure is resorted to, which extends to the parts beneath the surface, which, not being at fault, resent such rough handling with congestion, adding to the distress. In the same manner, much rubbing at and blowing the nasal passages adds to, rather than mitigates, the suffering.

What we want, then, is a gentle, diffusible stimulant, that will act directly on the surfaces affected, and leave behind but an evanescent irritation; something that will equalize the capillary circulation without setting up congestion or inflammation. For this purpose, cold water, warm water, a solution of common salt, a weak alkaline solution, or mild soap suds, will often prove grateful applications to the conjunctiva. Quinine snuffed up the nostrils, recommended by some, is too irritating. I have found salicylic acid much better. Even this has too much tendency to induce sneezing. Just here, I cannot recommend too highly that hay fever sufferers be instructed to resist to the utmost limits in their power the desire to rub the affected parts within reach; to suppress a sneeze as far as practicable; and to refrain from coughing as long as possible. Rubbing or scratching adds to the irritation, and increases tenfold the desire to continue it; and the first explosive cough, easiest to resist, sets up at once, like a flame, a degree of irritation which renders the patient unequal to the task of preventing its repetition, continued with much distress until the final relief by free expectoration. It is true, that the first cough cannot always be put down, but it is also frequently true, that a persistent effort at resisting the desire will, in a short time, allay the irritation entirely. These remarks are not applicable to the advanced stage of the disease, especially where there has been frequent paroxysms of coughing, in which the patient has allowed nature to have full sway; for in such cases a subacute form of bronchitis exists, with more or less copious secretion; cough being, of course, necessary to expectoration.

The remedy which I have found superior to any other to allay the itching of all the parts, and to quiet the cough, is the oil of peppermint. This, whether applied in substance or in vapor, is strictly a local remedy. This oil is a local anæsthetic and gentle stimulant. Its anæsthetic properties are proved by its great value as a topical application in neuralgia, toothache, etc. It is very volatile, and its vapor can be made to penetrate to the smallest air tube, and to reach every other portion of the affected mucous membrane without the aid of an atomizer. All the instrument required is a wide-mouth vial, partly filled with the oil. By partially covering the mouth of the vial with his lips, and making forcible inspiration, the patient can cause the air to pass over the surface of the oil and arise to his lungs charged with its vapor, the pharynx getting its benefits at the same time. By applying the nostrils to the vial in a similar manner, the Schneiderian may be impressed likewise, and when it is desirable to apply the vapor to the conjunctiva, it is readily accomplished by blowing downward into the vial, and directing the rebounding or upward current of air to the eyes. Whenever the vapor of this oil, or the oil itself is applied, a feeling of cooling warmth succeeds, soon followed by a soothing sensation of relief. It has oftentimes the effect of suppressing a sneeze at once, of superceding the necessity of rubbing or chafing the parts, and of quieting cough upon first warning, which would otherwise go on to expectoration.

Strychnine will sometimes prove quite valuable in hay fever, by in some way bracing the system against the effects of the poison; but to get its full benefit it should be resorted to some time before the expected attack.

In conclusion I will state that in the above imperfect sketch I have been true to the disease as observed in my own person, and that of others in my practice. The cases answering to the details herein given are, happily, not numerous. Those persons who have annual visitations of asthma during the early summer are not placed upon this list. I have not been able to divine the exciting cause in those cases, but have preferred to refer it to the pollen of some of the grasses. In such cases, difficulty

of breathing and true asthmatic distress stand out much more prominently than in the hay fever under consideration.

If what is herein written will cause further investigation in the line I have pointed at, and some more light to shine on this mysterious affection, and place other and better remedies at the disposal of this sorely afflicted but unpitied class of sufferers, I will have my reward.

A CASE OF BELL'S PARALYSIS.

BY ISAAC OTT, M. D.,

Of Easton, Pennsylvania.

Mr. A., whilst fishing, and sleeping on the ground, noticed on the following day that he was unable to spit properly; that his eye felt uncomfortable, the lower lid not closing over the eyeball; that the right side of the face was paralyzed, and mastication was difficult. On July 13th, I saw the case and found that the right side of the face was completely paralyzed, the upper lid only moving. I applied the faradic current of a Dubois-Reymond apparatus, but was unable to obtain any muscular contraction. Then a galvanic current generated by fifteen carbon-zinc cells was passed in an ascending direction. Opening and closing of this current brought out strong muscular contractions. The anode was placed over the exit of the nerve at the stylo-mastoid foramen and the cathode on the facial muscles. After the use of the ascending galvanic current, I found that the previous inactive faradic current became active. The same phenomenon was noticed in several of the electrical seances. Galvanism and faradism every other day, combined with the internal use of pot. iodid., hyd. bichlorid. and strychnia sulph., was the continuous treatment.

July 29th. Power over the right lower eyelid returned first; can approximate the orbicularis oris, but is unable to whistle; slight quivering of the buccinator and levator anguli oris.

August 17th. There was progressive increase of power over the muscles up to date. Then the plan suggested by Dr. Detmold, and recently advocated by Dr. Van Bibber, was tried in conjunction with the previous treatment; that is, a blunt hook was inserted into the right angle of the mouth and fastened to the ear by an elastic band. Full recovery ensued in the course of a month.

The question arises here, where was the seat of the lesion?

As is known, the facial nerve arises from the floor of the fourth ventricle, and the restiform body enters the internal auditory meatus and aqueduct of Fallopius, where the geniculate ganglion is found, and the petrosal nerves and chorda tympani are given off. The larger petrosal nerve supplies the levator palati and uvular muscles, the smaller petrosal going to the tensor tympani. The chorda tympani administers to the sense of taste, by erecting the papillæ and by vaso-motor action; it is not a sensory nerve.

The posterior auricular nerve arises from the facial at its exit from the stylo-mastoid foramen, and supplies the retrahens aurem and the occipito-frontalis muscle. Duval states that within the brain substance the course of the facial to its nucleus is very tortuous, going in five different directions. Erb has called attention to the fact that paralysis of the retrahens aurem shows that the disease is external to the stylo-mastoid foramen. If the sense of taste is weakened, then the seat of lesion is above the branching off of the chorda tympani. If the palate muscles are paralyzed, then the disease must be at the geniculate ganglion, or toward the origin of the facial nerve. Now in this case there was no paralysis of the muscles of the palate, hence the lesion is below the geniculate ganglion. There was no loss of taste or impairment of it, hence the disease is not in the aqueduct of Fallopius. Now the retrahens aurem was paralyzed, hence the lesion must be outside the stylo-mastoid foramen, and quite probably (having been induced by cold) is rheumatic in origin. The exaggerated activity of the auditory sense seen in some cases is due, according to Brown-Sequard, to vaso-motor spasm producing hyperæsthesia. To explain why the ascending galvanic current made the muscles in the same sitting responsive to the faradic current, when previously inactive, the observation of Heidenhain suffices, that is, that an ascending constant current rejuvenates exhausted muscles.

The decision, if the disease is within the aqueductus Fallopii, or external, is highly important in the prognosis, as within this canal the recovery is difficult.

OPIUM POISONING TREATED WITH SULPHATE OF ATROPIA.

BY CHARLES M. MORFIT, M.D.,
Of Baltimore, Md.

On August 30th, 10.40 P.M., I was called to see ———, who, about thirty minutes before, had swallowed half an ounce of laudanum. An emetic had been given before my arrival, and had acted promptly and well. The patient was a stout, robust person. I found her very drowsy, but she could be aroused, would answer questions rationally, and would recognize the family, although she was affected with hallucinations; the pulse was weak and quick; respiration good, though slightly impeded; pupils very much contracted, so as to be scarcely discernible.

I used emetics, coffee, stimulants, ice to head and nape of neck, and the usual round of remedies, which for a short time seemed to relieve, but only for a very short time; I then injected, hypodermically, five drops sol. sulph. atropiæ (gr.j to f.℥j), which acted very slightly upon the pupils. At 2 A.M., the pupils still remaining contracted, violent convulsions supervening, and the face, neck, and extremities becoming turgid, livid, and cold, the pulse 138, respiration 16, and patient in a very critical condition, I called in Dr. J. W. Houck. Upon his arrival we made another trial of rubbing the spine with ice, and used the cold douche to the head. These, for a few moments, semed to slightly arouse the patient, but this reaction soon disappeared. We then gave another injection of the atropia, as before; almost before the needle was withdrawn, the pupils were fully dilated, the respiration somewhat easier, though still slow; the pulse in a few minutes came down to 126, and the temperature was better and more equable. It being still impossible to arouse the patient, we applied the battery, first to the region of the heart, then to the spine, increasing the current gradually to its fullest strength; it seemed to produce no appreciable effect, except a slight twitching of the muscles of the shoulder when applied over the course of the nerves, and thus extended but two or three inches.

I remained with the case, carefully examining from time to time. About 4 A.M. the pulse had fallen to 120; respiration 18, and tolerably regular and easy; the general appearance much better. I did nothing more, and at 4.20 left the patient in deep sleep. I supposed that, as there had been a gradual improvement in all the symptoms for over two hours, it was safe to leave, as my office was but a few doors distant. I ordered the battery to be reapplied should symptoms of exhaustion appear, and a messenger dispatched for myself.

At 7½ A.M. found the patient perfectly conscious. She complained of being unable to stand on account of pains in her back, and no wonder, considering the ice scrubbing she had received.

This I consider an interesting case, from the small quantity of laudanum taken, its violent and complete poisoning effects, so short a time having elapsed since taken, and this, too, notwithstanding the stomach was promptly evacuated, together with the prompt and rapid action of atropia in neutralizing the poisonous effects of opium and its preparations.

It may be urged that the other remedies had their action in the cure. This may be, but I think them of little effect, if any, for they had all been faithfully used, with no good result; but directly the physiological symptoms of the atropia manifested themselves, the alarming condition of the patient began to improve, so much so as to be appreciable to the party at the bedside; besides, at each injection, the symptoms were relieved, the trouble being that I was too cautious in the amount first injected. Another point of some interest is that the exact amount of poison taken and antidote used is known. This patient in a few days was perfectly well and attending to her usual duties.

HOSPITAL REPORTS.

SELECTED TREATMENTS FROM RECENT CLINICS.

Reported for the MEDICAL AND SURGICAL REPORTER.

LEUCORRHŒA.

Saturated solution of chlorate of pot. Used as an injection daily.

Also—

Saturated solution of acetate of lead, used once or twice a week, diluted with equal parts of water.

CLEANLINESS AFTER MENSTRUATION.

No doubt many cases of uterine disease could be prevented by due attention to cleanliness. The retention of clots of blood and secretions after menstruation forms various abnormal conditions of the uterus. Injections, therefore,

of tepid water, with a good bulb syringe, should be used several times a day for a few days.

TONIC FOR CHILDREN.

Professor Wallace considers the elixir of quinine, iron and strychnia, one of the best tonics for children.

CHAFING IN INFANTS.

Perfect cleanliness; never use dried soiled diapers. Common starch (dry), sprinkled in water, may be applied after each passage. A wash may also be used, three times a day, of this kind: Solution of hyposulphite of soda, five grains to the ounce of water, and after drying, anoint with cod-liver oil, which has had added to it a little calomel and calomine.

EXCELLENT DUSTING POWDER FOR CHAFING AND ECZEMA OF VULVA.

℞ Calomel., ℥ss
Calaminæ, ℥iss. M.

Sig.—Apply several times a day.

FUNCTIONAL PALPITATION.

Woman, age 43; palpitation every half-hour for months past.

℞ Tinc. digitalis, gtt.v
Tinc. verat. viridis, gtt.ij
Tinc. aconitæ, gtt.j
Tinc. zingiberis, gtt.xiij. M.

Sig.—One dose, three times a day.

CHRONIC PLEURISY WITH ADHESIONS.

℞ Pot. acet., gr.xv
Pot. iod., gr.v
Syr. tolu.,
Aquæ, āā ℥j. M.

Sig.—One dose, ter die.

Muriate of morphia is said to be less apt to produce abscess than the sulphate in hypodermic use.

DIURETIC IN DROPSY.

℞ Pulv. scillæ,
Pulv. digitalis, āā gr.j
Calomel., gr.ss. M.

Sig.—One dose, twice a day.

PROFESSOR MEIGS' METHOD OF USING IRON.

℞ Ferri redac., gr.ij.

Sig.—One dose, taken shortly after each meal.

If swallowed while the stomach is engaged in the act of digestion, it does not occasion any unpleasant sensations. It will generally cure anæmia in sixteen days.

A FORM TO GIVE OPIUM TO THOSE WITH WHOM IT DISAGREES.

℞ Pulv. opii, gr.j
Pot. carb., gr.x. M.

Sig.—Dissolve in half a wineglassful of water.

CHILBLAINS.

℞ Collodion, ℥vj
Tr. ferri chloridi, ℥ij
Ol. ricini, gtt.v. M.

Sig.—Paint with camel's hair pencil, two or three times a day.

A sure relief, and if applied in the earliest stages it will speedily cure.

TRIPLEX PILL.

℞ Aloës socotrinæ,
Scammon.,
Pil. hydrarg., āā ℥j
Ol. tiglii, gtt.xx
Ol. carui, ℥iss
Tinct. aloes et myrrhæ, fl.℥ij. M.

Ft. pil. No. civ.

EXCELLENT PODOPHYLLIN PILL.

℞ Podophyllin,
Ext. hyoscyami, āā gr.iij
Saponis, gr.ivss
Syrupi simp., gtt.vj. M.

Div. in pil. No. xii.

Medical Societies.

FRANKLIN COUNTY (PA.) MEDICAL SOCIETY.

At a meeting of this Society in October, Dr. Strickler, of Waynesboro, was nominated by Dr. Lane, for President of the Society, and Dr. Johnson M'Lanahan by Dr. Rush Senseny, also for President, to serve during the year 1878. Dr. M'Lanahan was elected.

Drs. Davidson, of Greencastle, and Chritzman, of Welsh Run, were elected Vice-Presidents.

Typhoid Fever.

At a preceding meeting the subject of typhoid fever, and water contamination with materies morbi, as a frequent promoter of this dread disease, was a subject of discussion, in which the members generally joined with interest. It was thought that the pernicious practice of making cesspools out of old wells was a most fruitful promoter of disease, as in this way the stream of water in the well became poisoned with disease germs, and this same water, so poisoned, was conveyed to other wells, by its underground conduit, and then was used as a beverage by the citizens, and thus engendered or created diseases—notably, typhus and typhoid fever.

At this meeting Dr. Lane advanced the argument that water was a frequent promoter of disease, and particularly typhus and typhoid; that is, water for drinking purposes, which had been fouled and poisoned by excrementitious matter from vaults, cesspools, etc.; that in them existed the seeds of these diseases. He cited eminent foreign authorities, Ziemssen, Trousseau and others, to support his theory. At the

meeting last Tuesday, Dr. Chritzman read a well-prepared and most able essay on the same subject, taking adverse grounds to those advanced by Dr. Lane on a former occasion. Dr. M'Lanahan and Dr. Rush Senseny favored the reasoning of Dr. Chritzman, as against the theory of Dr. Lane. They thought that facts would not support the hypotheses of Ziemssen, Trousseau and others; that drinking water, in order to be poisoned with materials of disease, must carry within it the germs of each specific disease, and that in order to do this, there must have existed in the vicinity of such drinking water, the "casus morbi," or in other words, causes of such disease types, from which would emanate the typhus germs or typhoid germs as the case might be. They took the broad ground that typhus, typhoid, *et id genera*, cannot be produced from water, however badly poisoned by excrementitious matter, unless such material carried the true germs from a typhoid or typhus patient. This question engendered an interesting discussion, and rendered the meeting a lively one, more so than for a long time in the past.

The Vaccine Disease.

Dr. Senseny stated that the subject under discussion induced him to present a matter which he had been investigating, which had some points of scientific interest, and which might be well worth discussion and future research. Dr. Senseny stated that for some months the heifers he had been inoculating with virus of the disease vaccina, had most all of them failed to take, or in those which did take, the vesicles which formed around the udder aborted or dried up. It was a strange experience and different from all his past results, as heretofore they had always taken and matured through every stage of the disease. At last he found out the cause. It seems that the heifers have to be washed, lathered and shaved before vaccinating, and then washed very clean around the region of the udder. This his assistant had been careless of, and in addition had been using a very strong and common alkali soap. It appears this alkali acted on the virus, neutralizing and destroying it, and also aided in checking and destroying the growth of the vesicles. It did this effectually. Dr. Senseny therefore reasons from these premises, that if the alkali in this soap was capable of checking the vesicles of vaccina, which is a disease akin to small pox, and rendering the disease harmless by checking and stamping it out at a certain stage of its growth, why might it not possess the same active qualities, this soap or the alkaline principle, when applied to diseases of like character prevailing in the human? The question elicited some discussion and it was thought worthy of scientific research.

Editorial Department.

Periscope.

Chemical Physiology.

Dr. J. Emerson Reynolds has published, in successive numbers of the *Pharmaceutical Journal*, the substance of two lectures which he gave during the present year before the King and Queen's College of Physicians in Ireland, on the Influence of Chemical Constitution on Physiological Activity. The comparative physiological experiment made a few years since by Crum-Brown and Fraser showed that chemical additions to vegetable alkaloids (methyl-derivatives of strychnia, atropia, etc)., are capable of materially altering without destroying the physiological activity of these substances. Dr. Reynolds' lectures have not carried the investigation further in any experimental sense, as we hoped might have been the case, for this field of investigation is one which would probably yield valuable results. He has, however, deduced certain conclusions from a consideration of the whole subject, which he states thus.

"In dealing with several of the cases of physiologically active bodies, I have shown that we can trace out to a certain small extent the probable *rôle* performed by some of the compounds within the organism; but our knowledge of the chemical changes involved in vital processes is as yet too limited to justify us in going far in this direction, I may, however, supplement any observations made under special heads by pointing out here that, if we exclude from consideration those bodies which exert a local corrosive action on the gastro-intestinal surface, and those which seem (like carbon dioxide) to act chiefly by quenching oxidation, the remaining substances which are chemically and physiologically active can directly or indirectly interfere with the production of nerve-force in one or more of at least five different ways:—1. By directly removing oxygen from the blood, and thus interfering with the ordinary processes of oxidation; 2. By uniting with hæmoglobin to form compounds analogous to carbonic-oxide-hæmoglobin, or to Ray Lankester's cyano-hæmoglobin, thus preventing the normal production of oxyhæmoglobin; 3. By combining with effete material and increasing the diffi-

culty of its removal by oxidation or otherwise; 4. By withdrawing from living tissue material essential to its vitality; 5. By chemically combining with living tissue and interfering with the performance of its proper function. In concluding this section, and with it these lectures, permit me to express the hope that the outline I have endeavored to give of some recent work on the borderland between chemistry and physiology may serve to show that the progress of true therapeutics must, in the future, largely depend on the extension of our knowledge of the chemical changes involved in the so-called vital process."

Therapeutical Properties of Phosphate of Soda.

The *British and Foreign Medico-Chirurgical Review* states that Dr. Luton, of Rheims, has written of this salt as a respiratory agent employed in the treatment of asthma and pulmonary phthisis. He relates three cases, one of asthma in an old man, and two of pulmonary phthisis, one in a young man and one in a young woman, in all of whom the phosphate was given with great success. Dr. Luton believes that the common crystallized phosphate of soda acts on the human subject as a phosphorized principle, and that it presents itself to notice as an agent having the properties of phosphorus without any of its dangers, and that as a phosphorous compound it is suitably employed in those diseases where phosphorized substances are required, such as organic debility, marked adynamic conditions, impotence, amenorrhœa, and perhaps progressive locomotor ataxy; as an alkaline body, also, it is applicable in gout, rheumatism, diabetes, biliary calculi, etc. In pulmonary phthisis there are two morbid elements, namely, the functional respiratory disturbance and the organic debility, the one influencing the other; and it is natural to suppose that the phosphate of soda would be efficacious in this disease, either in combating its essential principle or in counteracting some of its acquired results, and in these characters Dr. Luton regards it, and recommends the trial of its properties by others

The Preservation of Subjects for Dissection.

In an editorial in the *Lancet*, the writer says:—

Various expedients have been had recourse to, with more or less success, but an experience of years has enabled anatomists to determine with tolerable precision which modes of preservation offer the best chances of success. In some schools the abdominal viscera have been removed, but this is generally quite unnecessary. The injecting fluids which have stood the test of experience are glycerine, solutions of arsenic, bichloride of mercury, and chloride of zinc. Most teachers give a preference to one or other of these, and preparations differing only in details, such as the method of injection or the precautions against any access of warm air or moisture, are used in nearly all our schools. Arsenical injections, besides being cheap, have the advantage of preventing the growth of mould over the surface. Glycerine acts very well, indeed, but a small quantity of arsenic must be added to it, otherwise the mould is almost always developed. It is, however, comparatively expensive, and this would seem to be the only drawback against its general use. Chloride of zinc has a tendency to loosen and dissolve the areolar tissue between the muscles and other structures, and it undoubtedly bleaches the tissues, so that nitrate of potash in strong solution is required to correct this disadvantage. Bichloride of mercury, when used, should be dissolved in strong spirit; and the subject must, after injection, be kept in an atmosphere of alcoholic vapor, in a hermetically closed tank. This answers as well as any method, as far as the preservation of the body is concerned, but from the evaporation of the spirit, when the subject is exposed for dissection, the skin gets very dry unless particular care be taken.

One important consideration in the choice of a preservative medium is its solubility, for any substance which requires much water for its solution is sure to fail. It is probably from this reason that creasote, carbolic acid, and salicylic acid have not answered the expectations that many had anticipated from their use. By no plan, however, can the brain be preserved *in situ* in a condition for dissection. Fortunately this is a matter of secondary importance, as a supply of brains can be easily procured from the post-mortem rooms of the hospitals. Hydrostatic pressure is now frequently employed in preference to the ordinary method with a syringe, and is a great improvement, for the success of the process is thereby rendered much less dependent on the manual skill and practice of the operator. Subjects prepared with any of these preservative fluids can be readily reinjected with colored paints, as usual, and they have the additional recommendation of being far less likely than recent corpses to lead to serious symptoms from a dissection wound.

The Treatment of Neuralgia.

The following cases and treatment of neuralgia are given by Mr. E. M. Boddy, in the *Medical Times and Gazette*, London:—

Case 1.—John S., aged fifty-five. Patient, a farmer, had been troubled with obstinate recurrent attacks of facial or definite neuralgia, and had tried various remedies, but had obtained no relief. He was in robust health, and there was nothing to be seen or felt on either the upper or lower jaw, and there were no decayed teeth. The attacks would come on violently and without any warning, and the pain was so excruciating that he said it made him "feel mad." After taking the opium and arsenic he fell into a profound sleep, and on awaking the pain had entirely left him. Now, in this case relief was

almost immediately afforded, and no further treatment was necessary, for the attack no doubt depended upon "some obscure irritation of the fifth pair of nerves," and was not caused by the health being out of gear.

Case 2.—Henry H., aged forty, had been suffering, for some weeks previous to my seeing him, from the most excruciating attacks, and there were no carious teeth to account for them. As he was out of health, I treated it as a case of anæmic neuralgia, and so I put him on a course of quinine and iron, which gave him no relief. At last he had such a severe attack that he was like one bereft; but the pain was immediately alleviated by the opium and arsenic, and left him, he said, "like a miracle." I now recommenced the tonic treatment, and he very soon regained his ordinary health. In this case the neuralgia simply resulted from an "obscure irritation of the fifth pair of nerves," accompanied with debility.

Case 3.—Charlotte B., aged eighteen. Patient was what one might term in first-rate health, and, strange to say, had never had the toothache. One evening, without any assignable cause, she was attacked with the most "horrible pain" in the face; had never experienced it before. I administered the opium and arsenic, and the pain at once left her. The next day she had another attack, which immediately succumbed to the remedy.

Case 4.—Annie H., aged twenty-two. Patient had been irregular from puberty, and for the last six years had been subject to facial or definite neuralgia, and no remedy had afforded her the slightest relief. She was a well-formed girl, but was decidedly chlorotic and anæmic. The first dose relieved the pain slightly; the second entirely removed it, for she slept soundly, and there was no vestige of it on awaking. I now treated her general health by administering purgatives and tonics, such as iron and quinine. When I last saw her she had had no recurrence of the neuralgia, the catamenia were regular, and her general health had greatly improved.

These four cases, which I have selected from many others of which I have notes, are quite sufficient to show the efficacy of the combination of opium and arsenic in the treatment of this disease. Three of them are very good specimens of what I call definite neuralgia, and the last was of the same kind, though partly owing its origin to some uterine derangement. There is one very noticeable fact: they all derived marked benefit from the remedy; it also quickly relieved them of an agonizing pain, prevented its return, and no ill consequences resulted; and what is greatly in its favor, the opium promotes rest, which is so necessary, and the sufferer awakes up feeling almost a new being, especially if the pain has been of long continuance.

The form of definite neuralgia which arises from hysteria is also amenable to opium and arsenic; but then it is desirable to give the patient a nervine sedative, such as the bromide of potassium or the tincture of valerian, after the neuralgic pain has subsided. The following is the mixture I always give:—

℞. Liq. arsen., ℥ss
Tinct. opii, ℥iss
Aquæ, ad. ℥iij. M.

Sig.—One tablespoonful to be taken when required.

The strength may be increased in very violent cases, but I have generally found the above sufficiently strong.

Inflation of the Urethra as an Aid to Catheterism.

Dr. P. Tytler writes to the *British Medical Journal*:—A. B., sixty years of age, came under notice at the Ardwick and Ancoats Dispensary, three weeks ago, suffering from several perineal fistulæ. I endeavored on two separate occasions to pass a catheter into the bladder, but failed. I attributed the reason of failure to the distortion of the urethra by the contracted cicatricial tissue of the fistulæ. In order to remove this distortion and straighten the passages as much as possible, I injected a solution of carbonate of soda, and then another of tartaric acid, taking care to secure the meatus with the fingers of one hand, and the fistulæ with the tips of the fingers of the other hand. In this way the urethra was strongly distended, and the gas finally forced its way out through the fistulæ. I then reattempted catheterism, and had the satisfaction of passing a No. 3 instrument right into the bladder without any difficulty whatever.

This is the only case I have to offer in support of the method of inflation as an aid to catheterism. The method of inflation is perhaps clumsy; but I have given it, as it was the one used in the case. A Politzer's bag, with a small tube to fit into the urethra, would perhaps be more serviceable. I think inflation might be useful in removing calculus in the urethra, and possibly in some cases of retention of urine, and also to give steadiness and precision to internal urethrotomy.

The Diagnosis of Tubercular Meningitis.

Dr. Reginald Southey writes to the *British Medical Journal*:—

Tubercular meningitis is apt to be misunderstood in the adult, because the symptoms have been indistinctly pronounced, or carelessly observed; but the latter is the more common error. If the entire history of the illness be truthfully elicited, it is usually too significant to admit of wrong interpretation; but toward a correct diagnosis of this, as of every other disease, careful clinical observation is requisite.

The cases which I have in my possession enable me to summarize, as follows, the more ordinary symptoms that mark the invasion of tubercular meningitis in the adult:—

1. Headache is certainly the most invariable symptom; seldom, if ever, absent; never wanting in any case I ever watched:—

2. Vomiting, constipation, and fever are present, attended by no characteristic rash.

3. Peculiarity of temper and conduct, occasional confusion of ideas, and slight transitory delirium, are also symptomatic of this disease.

4. There are general muscular pains, followed first by stiffness, and then by slight paralysis, as shown in the imperfect co-ordination of the muscular movements in tremblings and in twitchings. The muscular pain and stiffness are often first complained of in the nape of the neck, and then in the muscles of the back.

5. Slight epileptiform convulsions are observed, followed by paralysis of motion in the limbs or parts convulsed; this paralysis being most usually of a transitory or temporary kind. Among the paralyses most frequently noticed and characteristic, I may single out those affecting the optic commissure and oculo-motor tracts, causing a slight internal squint, with dilated inactive pupil of one eye, with drooping of the same eyelid, and paralysis of the facial nerve upon one side. The paralysis of the limbs, although usually a hemiplegia, is seldom one that invades the body upon one side in its entirety. Further, its mode of attack is gradual; usually, the arm and leg are affected upon the same side, but the facial muscles are not involved. First there may be inertness of the arm, then of the leg, then complete loss of power; but the arm and leg may be fully extended, and never moved, although pinched and stimulated. Then the right leg may recover and the left arm be implicated, so that an apparent cross paralysis may exist; or the right arm and left leg, or right leg and left arm may be so affected consecutively. The limbs which have been paralyzed, although they may recover some motor power, are seldom afterward well co-ordinated in their movements.

6. Hyperæsthesia of the skin generally appears coincidently with peculiar mental phenomena; as, for instance, conduct obstinate and unaccommodating, and a temper quite altered from that which in health distinguished the individual, a maintained attitude of dogged resistance to whatever he or she is asked to do. Very little nourishment is voluntarily taken. The abdomen becomes retracted, and the aspect of the patient, with half-open eyelids, or some slight paralysis of these, becomes highly diagnostic.

7. Continued drowsiness is observed. The patient shrinks from all disturbance, and shrieks out when roused sufficiently to move or perform voluntary acts. From this drowsiness the step to coma and death is seldom many hours distant.

The history of the case usually records an illness that has endured some two or four weeks, but one which has not attracted much attention until distracting headache, with some delirium at night, has supervened. Two cases I have seen were mistaken for neuralgia and hysteria, one for typhus. If, however, in these later stages, the diagnosis is usually all too certain and assured, we may well ask if, in the earlier stages, the clinical symptoms do not sometimes suffice to indicate the exact situation of the pathological lesions. Approximately, and with some likelihood, I shall answer that they do, but with no positive certainty.

Disinfectants.

Dr. Edwin M. Snow, Superintendent of Health, Providence, R. I., has published the following circular in his department:—

The use of disinfectants to prevent and remove impure air is of the very first importance, and should be universal, especially at the present time. The expense of disinfectants is very slight, and within the reach of all. No one has, therefore, any right to poison his own family, or his neighbor's family, with the foul air of privy vaults, cesspools, or other deposits of filth, nor any excuse for doing it. At the present time diphtheria is very prevalent in the city, and is supposed to be caused, to a very great extent, by impure air, especially that from privy vaults and cesspools.

One of the cheapest and best disinfectants for vaults and drains is the following:—

1. Take five pounds of copperas (sulphate of iron), and dissolve it in three or four gallons (one pailful) of boiling water, mixing with it one pint of crude carbolic acid. Larger quantities in the same proportion. Hot water is necessary, because copperas will not dissolve readily in cold water.

This may be used freely in vaults or drains. A considerable quantity may be necessary at first, and it should be repeated every day or two, until all offensive odors are completely destroyed. Copperas, in quantities of five pounds or more, will cost three cents per pound, and the crude carbolic acid, containing thirty per cent. of the acid, will cost seventy-five cents per gallon.

2. Nitrate of lead, dissolved, one pound to one gallon of water, is an excellent disinfectant to pour into sink pipes and water closets. It is without odor, clean, and may be used freely wherever needed. The nitrate of lead will cost about twenty cents per pound.

3. Permanganate of potash is an excellent chemical disinfectant to purify cistern rain water that has become offensive. The quantity necessary can only be determined by trial. Dissolve a quarter of a pound of the crude or impure permanganate of potash in two or three quarts of water and pour it into the cistern, stirring it well from the bottom. If necessary repeat the dose. The impure permanganate of potash will cost about one dollar per pound.

4. Crude carbolic acid, largely diluted with water, makes a most valuable disinfectant to sprinkle in yards about privies, on heaps of filth, in filthy lanes, and especially upon offensive manure in stables. It will prevent offensive odors, and also drive away flies. The crude article, containing twenty-five to thirty per cent. of carbolic acid, will cost seventy-five cents per

gallon, and one gallon is sufficient to mix with one barrel of water, stirring it briskly when used.

5. Carbolate of lime is a valuable and safe disinfectant, and may be sprinkled freely in cellars, yards, on heaps of filth, and in any place where foul air is perceived. It will cost eight cents per pound in quantities of five pounds or more.

There are other disinfecting powders in market containing carbolic acid in finely powdered clay, or other materials, all of which are valuable, and in some cases the fine powder is preferable to the carbolate of lime.

6. Chloride of lime, dry, gives off chlorine gas, and acts instantly to remove offensive odors, and is often very valuable for this purpose on account of its speedy and diffusive action. But it soon absorbs moisture and loses its power. It will cost six cents per pound in quantities of five pounds or more.

7. Ventilation, and whitewashing with fresh lime, are the best disinfectants for cellars and damp places, and also let the free sunlight into such places, whenever it is possible.

Progressive Atrophy of the Pupilla of the Optic Nerve.

Galezowski (*Le Mouvement Médical*) mentions that this may be produced by diabetes, syphilis, or by the latter producing locomotor ataxy, and atrophy of the pupilla arising from that. It may be also produced by reflex action as a consequence of certain gastro-intestinal affections. In these cases the symptoms are improved by repeated emetics and tonic regimen.

Progressive atrophy of the pupilla may be also consequent on softening of the corpore geniculata, or of the cerebral peduncles, or of diffuse periencephalitis. Embolism of the arteria centralis and of the cranial vessels, fracture of the cranium in the periorbital region, or even a contusion of these parts, and even erysipelas of the face, may produce it. Finally, it may be the consequence of intoxication with alcohol or nicotine. It is most common among men. It is essentially progressive.

Treatment.—According to cause. If with ataxy, treat that by cauteries, dry cupping, and pills of nitrate of silver. If from diabetes treat it. If from syphilis, use continuous mercurial inunctions and saturate the system, simply watching the gums and disregarding salivation. As to iodide of potassium it will not give you any result.

Galezowski has tried local injections of strychnine without result.

An Excellent and Elegant Formula for Prescribing Gallic Acid.

The *Canada Medical Record* gives the following:—

℞.	Acidi gallici	ʒj	
	Glycerinæ,	ʒj	
	Aquæ bullientis,	ʒv	M.

A tablespoonful *pro re nata.*

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The value of the atomizer in diseases of the eye has been very ably set forth by Dr. M. Landesberg, of this city, in the October number of the *Monatsblatt für Augenheilkunde*. He finds it of decided use in keratitis, but in conjunctival irritation it is contra-indicated

——Address on Mental Disorders, delivered before the Medical Society of the State of Pennsylvania, at it annual session, held in Harrisburg, June, 1877, by John Curwen, M.D. Extracted from the Transactions.

——A paper on a peculiar type of Eruptive Mountains in Colorado, by A. C. Peale, M.D. Department of the Interior, United States Geological and Geographical Survey. Extracted from the Bulletin of the Survey, volume iii, No. 3.

——The Proceedings of the Medical Society of the County of Kings, December, 1877. Contents:—Open-air Treatment in Phthisis, H. B. White, M.D.; Nitrous Oxide in Minor Surgery, G. W. Brush, M.D.; A Dressing for Fractured Clavicle, G. Woekeshagen, M.D.; Chrysophanic Acid and Psoriasis, etc.

——Reports for 1875-76 of St. Mary's Hospital of Philadelphia, under the care of the Sisters of the Third Order of St. Francis.

——Third Annual Report of the Executive Committee of the Asylum at Walnut Hill, Hartford, Connecticut.

——Case of Molluscous Tumor of the Ear, complicated with Polypi and a Fistulous Opening behind the Auricle; communicating with the Internal Ear, and stretching up to a Cavity on the Temple, two inches above the Auricle, under the Muscular Structures. By J. J. Kirk Duncanson. Reprinted from the Edinburgh *Medical Journal* for November, 1877.

——"The Sanitary Condition of Portland.' A report presented to the Maine Medical Association, June 14th, 1877. By Frederic Henry Gerrish, M.D. Reprinted from the Proceedings of the Association.

BOOK NOTICES.

Lectures on Practical Surgery. By H. H. Toland, M.D., Professor of Surgery in the Medical Department of the University of California. With numerous Illustrations. Lindsay & Blakiston, Philadelphia.

The work is formed from the stenographic reports of oral lectures before the author's class, and for this reason, as we turn the pages, we meet with indications of a "talking" style, making, however, the book none the less attractive. The illustrations are very well chosen, are such as demonstrate more clearly the text, and not added simply to attract attention. The typographical work is neatly done, and the whole appearance of the book is excellent, such as we are accustomed to see from the well-known house of its publishers.

A Treatise on the Ear. For the use of Medical Students and Practitioners. By Charles H. Burnett, A.M., M.D., Aural Surgeon to the Presbyterian Hospital, etc. Henry C. Lea, Philadelphia.

Believing that the pathology and therapeutics of the ear cannot be properly understood without an intimate acquaintance with its anatomy and physiology, he has devoted more time than is usual in similar text books to the consideration of these subjects. Part First, Anatomy and Physiology, ends at the 162d page. Part Second considers Diseases and Treatment. Section first of the second part treats of examination of patients. This gives a full history of "instruments and methods of their employment," and of "sound, hearing, and tests of the latter."

Section second introduces the diseases and treatment of the ear. It treats of each part of the organ of hearing, beginning with the auricle, passing to external auditory canal, membrana tympani, middle ear and internal ear. The arrangement of the work is clear and convenient.

It would have been well if the author, in his historical statements of the perforation of the mastoid portion of the ear, had mentioned the three successful operations of this kind by his contemporary and fellow-townsman, one well known as an able aurist, Dr. L. Turnbull. In the MEDICAL AND SURGICAL REPORTER, February 1862, fifteen years ago, this gentleman reported three operations of this kind. From the tenor of this report we feel assured that Dr Turnbull is not to be classified among those who were not clear for what the operation was to be performed.

Hospitals; Their History, Organization and Construction. Boylston Prize Essay of Harvard University for 1876. By N. Gill Wylie, M.D. D. Appleton & Co., New York.

Chapter I considers the history of hospitals. Chapter II. The relations of hospitals to pauperism. Chapter III. Organization and management. Chapter IV. The construction of a civil hospital. Chapter V. Warming and ventilation. Chapter VI. Pay patients in charitable institutions. Chapter VII. Isolated huts for certain important cases. Chapter VIII. Arrangement of the buildings on the grounds. Chapter IX. Relations of the medical school and the training school for nurses to the hospital. Chapter X. Improvement of hospitals now in use; small hospitals; lying-in hospitals; insane asylums, etc. Chapter XI. Hospital buildings now in use. Five distinct types. 1. The old conglomerate. 2. The old block plan. 3. The corridor plan. 4. The pavilion system. 5. The one-story pavilion plan. The book contains also an appendix, being a review of five essays relating to the construction, organization and management of hospitals, contributed by their authors, for the use of the Johns Hopkins Hospital of Baltimore.

An Elementary Treatise on Practical Chemistry and Quantitative Organic Analysis. By Frank Clowes, D. Sc. London. With Illustrations. From the second English edition. Henry C. Lea, Philadelphia.

This work is especially adapted to students. "The language employed has been rendered simple and intelligible, by avoiding the unnecessary use of scientific terms, and by explaining or paraphrasing in ordinary words any such terms when introduced for the first time." The book is divided into seven sections. Section 1. deals with experiments illustrating the methods, preparation and properties of gases. Section 2. Preparation and use of apparatus required for chemical analysis. Section 3. Analytical operations; descriptions illustrated by experiments. Section 4. Analytical reactions. Section 5. Analysis of simple substances for one metal and one acid radicle. Section 6. Full analytical course and tables. Section 7. Apparatus and chemicals required for the preceding course. This is a neatly bound, well printed book, of 372 pages.

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A WEEKLY JOURNAL,

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PREMIUMS AND INDUCEMENTS.

From and after the first of October we are offering to all *new subscribers* the Reporter for *fifteen* months (October 1, 1877, to January 1, 1879) for *five dollars*, one year's subscription price.

That our old subscribers may also receive an equally liberal offer, we make them the following proposition.—

Any old subscriber who will send us one new subscriber to the Reporter, remitting ten dollars to cover the two subscriptions, will receive the Physician's Daily Pocket Record for 1878, or the Half-Yearly Compendium for 1878, *gratis*, as he may prefer.

Any old subscriber who will send us a new subscriber to both Reporter and Compendium, remitting twelve dollars to cover both subscriptions, will receive a copy of either *Napheys' Medical Therapeutics, or Napheys' Surgical Therapeutics*, as he may prefer.

THE HIGHER MEDICAL EDUCATION.

We have delayed longer than was our intention, to notice the introductory address delivered by Dr. William Pepper at the opening of the present session of the University of Pennsylvania, in its Medical Department.

The subject of the address is, however, quite as timely now as it would have been earlier, and, indeed, is likely to be the order of the day in the medical circles of this country for some time to come. It was upon the higher medical education, as the true interest of the public and the profession.

The speaker arraigned with severity the existing state of things.

"I suppose," he said, "that few persons who are at all familiar with the subject would be willing to express even the smallest satisfaction with the present state of the medical profession in this country. It is true that for the past four years all branches of industry have been depressed, but the troubles that affect the medical profession have been steadily advancing and increasing for at least fifty years. Its ranks are overstocked to an unparalleled extent; there is, I believe, no other business in which so small a proportion of those engaged earn a living; it finds successful rivals among the practitioners of such exclusive schools as homœopathy, eclecticism and the like, which, by the concurrent voices of all intelligent communities, no less than by the verdict of scientific investigation, have been declared to be unworthy of confidence and incapable of endurance; and, worst of all, it has failed to elevate its standing and repute with the public, or to exert that powerful influence upon sanitary legislation, upon public and private hygiene, upon education, and upon similar subjects, which is at once its duty and its highest prerogative.

"It will not, I think, be gainsaid by any that the following points are in reality grave defects in the American system of medical education: 1. The absence of a preliminary examination. 2. The very short term of studies required. 3. The want of personal training in the practical branches. 4. The absence of any grading of the curriculum. 5. The examination of candidates for the degree by those having a direct pecuniary interest in their success."

The reforms suggested by the speaker were: The establishment of a preparatory examination; the lengthening of the period of collegiate studies to at least three full years; the careful grading of the courses; the introduction of ample practical instruction of each

student, both at the bedside and in the laboratories, and the establishment of fixed salaries for the professors, so that they may no longer have any pecuniary interest in the size of their classes.

Dr. PEPPER then gave a brief historical sketch of the efforts that had been made by various schools in this country to institute these reforms. He also predicted that those schools which had not yet adopted them would in time be forced by public opinion to do so, and that thus the higher education would become a fact.

Every intelligent man, in the profession or out of it, must assent to the general correctness of these views. But the difficulties in the way of realizing such hopes are much more formidable than might at first be imagined. A good preliminary education, three years in a school of medicine, and say one year in a hospital, would bring a young man to the age of twenty-four. He might as well count two more years before he could make an independent subsistence from his profession; and ten years from that time, when he is married and with a family, $3000 a year actual collected income from his visits will be a very fair measure of success. To obtain this he will have expended between his sixteenth and twenty-sixth year $6000 or $7000, of which $4000 or $5000 might have been saved by cutting off the extra education Dr. PEPPER demands. This simple calculation will influence American youth and American fathers for a long time to come. The saving is a false economy, but some are hard to persuade of this, and with many it is not an open question but a necessity.

Such serious difficulties should, however, act as stimulants to the profession to battle all the more vigorously for the improvements which all acknowledge would be desirable. While some of the reforms suggested will not meet general commendation, the spirit and aim of the address certainly will. The more constantly the public and the profession are reminded of the money value of knowledge, the more certain are they to seek it.

THE RELATION OF LITERATURE TO HEALTH.

Hygienic works do not, as a rule, consider the relation that literature bears to the health of the people. It is most certainly true that the influence of moral, ennobling reading is for the physical welfare of a person. The law recognizes the evil to morals, mind and body, of the coarsest, vilest literature, and such is suppressed. But the civilized world is flooded with reading of an evil, immoral, infidel, and pseudo-scientific character, whose tendencies, to say the least, are not elevating, and which, as a rule, reacts unfavorably, and even disastrously upon the body. Halton, of London, goes so far as to say that teaching the peasant lad and humble factory girl just sufficient reading to enable them to poison their minds, and deprave their hearts with the wretched immoral trash which is now everywhere sold, under the pretence of harmless light reading for the people, is doing incalculably more harm than leaving them in ignorance of letters altogether!

This smattering of knowledge is not education. This is a subject truly worthy of careful consideration by hygienists, nor is it beyond the scope of their science.

Hygiene does not simply supply a few rules of health, ventilation, exercise. It does not confine its investigations to disinfectants, and the plainly palpable causes of disease. Its studies are as broad and deep as can be engaged in by human mind. It must not stop on the surface of things, but must dig deep, developing all the relations of disease, scrutinizing every possible cause, caring for mind and for the soul, if for no higher purpose, to ward off the inevitable reaction upon the body that sooner or later will occur if the abuse of the higher faculties is continued.

At this time we wish to call attention to some facts which show us that the generally received notion that our prisons and workhouses are filled largely with those who are not able to read is incorrect. Acting upon Halton's suggestion, a correspondence was opened

with several institutions of this city and vicinity, in order to find out the degree of education attained by the inmates of the same. The result has been to demonstrate the London author's views, that our prisons, etc., are chiefly filled by those who can read, or read and write a little; in fact, being in great excess over both the well educated and the ignorant classes.

In the Allegheny County Workhouse none are reported as being well educated; 8071 that could read and write; 1784 that could read but not write; 1932 that could neither read nor write. This refers to the whole number of prisoners received since the organization of the workhouse, in 1869. From the tables submitted it will be seen the same results are obtained.

ALLEGHENY COUNTY WORKHOUSE, 1876.

Read and write	1171
Read, but not write	256
Neither read nor write	183

MAGDALEN ASYLUM, PHILADELPHIA.

Inmates who do *not* read	4
" do "	5
" read and write	11
Inmates further advanced	8

HOUSE OF CORRECTION, HOLMESBURG, PA.

Collegiate education	10
Read and write	5660
" " imperfectly	1171
Neither read nor write	1233

HOME FOR THE HOMELESS.

Neither read nor write	4
Read, but not write	4

ROSINE ASSOCIATION.

Read only	4
" and write	12
Further advanced	11

PHILADELPHIA COUNTY PRISON.

Inmates who read and write	375
" cannot read	28

Mind, morals and health are so closely bound together that an influence acting unfavorably upon one must degrade the remaining. Such a widespread moral contagium as improper reading is surely a factor of health deterioration worthy of consideration by every true hygienist.

Every practicing physician knows of some of the evils of trashy reading upon the excitable and nervous system of girls and young women, but the influence is far more widespread than this, and unless our press is purified it is hard to say where the reaction upon the physical nature of man will end.

Notes and Comments.

Davos as a Health Resort.

One of the most famous health resorts for consumptives is Davos, in Switzerland, 5120 feet above sea level. For a number of years we have been familiar with it from German books and medical journals, and last summer it was visited by the eminent English practitioner, Dr. T. Clifford Allbutt, who has written a very pleasant, instructive, and fair account of it. It is a very favorable report, based on his own observations, and his talks with the local physicians, Drs. Unger and Rüdi. We permit ourselves the following clipping:—

Dr. Unger has lived twelve years in Davos, was himself consumptive, and found his cure there. He may be called the discoverer of Davos; as I believe he and his friend, Herr Richter, of Basle, then phthisical like himself, were the first to settle there, for the purpose of cure. Herr Richter is now the bookseller of Davos, and is in sound health. It is curious to find that many of the foreign settlers in Davos are cured "poitrinaires." Herr Cöster, the stout-looking and energetic landlord of the Belvidere, found his cure at Davos, and so did several of his servants. I was at first sight struck by two things, chiefly: First, by the apparent absence of invalids; and, secondly, by the real absence of medical machinery. Knowing as I did that most of the visitors had come to Davos for their health's sake, and knowing but too well the aspect of the population of other well-known resorts for the phthisical, my first question was, Where are the patients? Around the table, with few exceptions, one saw ruddy faces, and heard cheerful voices, only muffled by the needs of vigorous appetites. Indeed, the patients ate so much it was difficult sometimes to secure a due share of good things for one's self. Yet when Dr. Rüdi sat next to me at dinner, on the following evening, he could tell me how this person had a

cavity at one apex and infiltration of the other; how a second had come to Davos apparently but to die; how a third had come with lungs breaking down, had been cured and had left Davos, but had again succumbed to renewed disease, and was now once more in the way of complete recovery; and so forth. Yet perhaps not one of these, unless of the quite new comers, was absent from the pleasure excursions of the day, or was leading the life of an invalid. Those who frequent "cure-places" abroad, or at home, for that matter, will best understand my surprise at the absence of pretentious cure systems, and of all the machinery of quackery. There is a mineral spring at Davos, but no one is ever asked to drink at the fountain; there are no mud-baths, no pine-baths, no elaborate regulation of food, or habits of life. Some use is made of the cold douche, but with this exception, the doctors seem to say to the patients: "It is the air which is to be your cure; you need some careful watching by us at first, but you need little or no medicine, and no laborious trifling with other means. Eat and drink pretty much what you like; beware of sudden changes of temperature, but live otherwise as much in the open air as you can.

Money Value of Lives.

Basing it upon the agricultural classes of Norfolk, Dr. Farr estimated that an infant at birth was worth twelve dollars and a half, in its prospective labor. Five years later his value as a productive agent was one hundred and thirty dollars, and five years later it has more than doubled. At the age of twenty-five he has attained the maximum value, six hundred and fifteen dollars a year. At fifty it is reduced down to three hundred and forty-five dollars, and so on down to seventy, when the value is only two dollars and a half a year. Should he live to eighty his value is one hundred and two dollars less than nothing.

The Plethysmograph.

M. Mosso, of Turin, has invented an instrument for observing the variations in the circulation of blood in the arms, under the influence of natural or artificial causes. The entrance of a person into the room causes a diminution of the forearm, which may vary between four and fifteen cubic centimeters, the blood quitting the arm and mounting to the head. Thought and cerebral activity seem to be in proportion to the contraction of the vessels of the forearm. During sleep, dreams cause a depression in the circulation of the arm. Just before waking there is a like depression. The experiments confirm the theory of Durham, Hammond, and Ehrmann, that the brain receives less blood during sleep than when awake.

Germs in Disease.

According to observations reported to the French Academy, MM. Pasteur and Joubert show that the terrible animal disease which is known as *charbon or sang de rate* (carbuncular gangrene), is caused by microscopic bacteridia, which were first observed by Dr. Davaigne, in 1850. It may, therefore, be classed with trichinosis and the itch, as a parasitic disorder. Vibrios, bacteria and bacteridia, are all found under two essentially distinct forms; either in translucent threads of variable length, multiplying rapidly by division, or in groups of little brilliant corpuscles formed in the interior of the threads, which separate from the parent, and constitute an apparently inert mass of points, from which countless legions of filiform individuals may come, having the same twofold methods of reproduction. The threads may be killed by drying, or by a heat much below that of boiling water. The germs, when dry, withstand temperatures from 120° to 130° C., or, 248° to 266° F.

Tænia Solium in a Child Two Years of Age.

Dr. D. W. Heisberg, of Nebraska City, writes to the *Medical Record:* "According to medical authorities, tænia occurs very infrequently in early life. Dr. J. Lewis Smith, who has had much experience, says, in his work on 'Diseases of Children,' that he has met but one case only under the age of five years. Others have occurred, but are quite rare. I have now in my possession a specimen of tænia solium recently expelled from a child about two years of age. One portion thereof was fifty-nine inches long at the time of expulsion. It was accompanied by forty-nine detached and separate segments. The whole length was estimated to be about eight feet. This was expelled after administering spts. terebinthinæ with ol. ricini. The tænia still remains, however, as segments have since been discharged. I reportthe case simply from the fact that it occurs so seldom at this youthful age."

Correspondence.

Tumor of the Knee.

Ed. Med. and Surg. Reporter:—

The case that I record is that of a Mexican lady of this city, of sanguineous temperament, but from long suffering greatly emaciated; 24 years of age, the mother of two children; has had constant treatment for the last year, and latterly under the care of a Dr. Schlamens, of San Antonio, Texas, who diagnosed it to be an aneurism of the popliteal artery, using compression for one month and constitutional treatment, but producing no relief; he then advised amputation, which was not consented to, and he abandoned the case as incurable.

When called to see the case, as a last resort, I found directly over the patella of the left knee an enormous tumor, its circumference 27½ inches, width 12 inches, inferior 15, superior 22 inches, and middle 24 inches, of a soft, spongy consistence, bluish color, free from pain and partially effaced, from constant pressure, with an enlargement of the neighboring veins, but in other respects the limb appeared to be perfectly sound, and upon consultation with several Mexican physicians, I diagnosed the case to be a venous cyst or tumor, and immediately introduced my exploring needle, which verified my diagnosis, and I proceeded at once with a small trocar to evacuate its contents, as also with an aspirator, revealing the pus to be deeply seated and consisting of organized coagula, differing in consistence and color, some being hard and pale, almost semi-fluid and dark. After evacuating thoroughly its contents, I proceeded to irrigate the wound with carbolized water, to wash out well its contents, and then ordered my assistant, a medical student, Manricio Garcia, to inject the parts with Lubeck's tincture of iodine, which naturally produced momentary pain, and then applied a strong bandage to sustain the parts, and the usual narcotics for repose. After the lapse of three days, I directed my assistant to unbandage the wound, and used chloral hydrate in the form of an injection. The next day, perceiving a threatening of erysipelatous inflammation, I ordered at once a dressing of an ounce of sulphurous acid, half an ounce of laudanum in ten of water, and with a syringe irrigated the parts perfectly. The acid in this case proved to be an excellent antiseptic, disinfectant and therapeutic agent, operating like a charm. My limited experience of the value of sulphurous acid in the treatment of wounds fully corroborates that of other practitioners, as it produced in this case the most marvelous results, so much so, that on the tenth day I was rewarded by partial adhesion having taken place, with a general healing of all its parts. I then placed my patient upon a tonic treatment, and now, the twenty-fourth day, I am pleased to record the most satisfactory results; the patient has now only a partial anchylosis, and moves alone.

No definite history could be procured respecting the cause of the tumor, only that it had been constantly growing for the last three years, and as no pain was felt it was completely disregarded. There being no hereditary, scrofulous or other diseases in the family, all otherwise extremely healthy, no fall, blow or accident having occurred, she being endowed with all the comforts of life, a lady of perfectly easy circumstances, no cause could be assigned for the same. J. H. Mears, M.D.

Monterey, Mexico, October 1st, 1877.

Aspiration of the Perineum as a Means of Draining the Lower Part of the Pelvic Cavity.

Ed. Med. and Surg. Reporter:—

Noticing the various procedures of meeting this difficulty, and the particular interest given it by the profession, I hope that a suggestion to this end may not be out of place. Among the various modes of draining the pelvic cavity, there seems to be none, as yet, that gives perfect satisfaction, none that affords entire safety to the patient, nor perfect evacuation of the pent-up fluid.

I think that a safe way of getting rid of the putrescent matter forming in this cavity, would be by aspiration through the perineum. As there would be no danger attending the operation, no danger of puncturing the peritoneum, and having the advantage of not being troubled with fecal matter, or secretions of the womb, as in case of making openings through the rectal or vaginal walls, and as the perineum is at the bottom of this cavity, forming its floor, we would have no gravity to contend with. Whenever it is necessary to give vent to fluids forming in the pelvis, it seems to me that aspiration through the perineum at various intervals would be less irritating than the continued presence of drainage tubes. Undoubtedly the safest place to evacuate the pelvic cavity is through the perineum.

John M. White, M. D.
Pleasant Ridge, Green Co., Alabama.

An Instance of Extreme Longevity.

Ed. Med. and Surg. Reporter:—

Mrs. Elizabeth Allen died at her residence, in Charleston, R. I., on the 28th ultimo, at the extreme age of one hundred and five years five months and six days. She was probably the oldest person living in Rhode Island, if not in New England. She was the daughter of Jonathan Gates, of Voluntown, Connecticut, and was born June 22d, 1772. Her mind and memory remained undimmed until the last. She remembered the burning of New London by the British, 1781. She also remembered the birth of her brother, which occurred March 18, 1775. Thus the human mind spans the broad chasm of more than a hundred years. We doubt if another such instance of memory can be found on record. E. P. Clark, M.D.
Hope Valley, R. I.

News and Miscellany.

Origin of Diphtheria.

Dr. E. M. Snow says, in his last report as Superintendent of Health, Providence, Rhode Island:—

The evidence constantly accumulates in this city, that diphtheria depends for its existence and prevalence upon foul air, arising from local conditions of filth. Though it is inoculable, and in that way contagious, and is, perhaps, to some extent, infectious, there is no evidence that, practically, the disease is propagated by inoculation or contagion or infection. We may expect that diphtheria will continue through the winter, though perhaps with less severity than during the last two months; but it will still continue to search out its victims among those whose constitutions are prepared for it, by breathing foul air and other depressing causes.

The necessity for disinfecting and removing offensive filth of every description, continues as imperative as ever. Too much care cannot be taken in this respect.

The deaths from diphtheria, in each month of the present year, have been as follows:—

January	14	July	9
February	13	August	12
March	20	September	39
April	18	October	48
May	31	November	37
June	21		—
Total, 11 months			262

The disease will number nearly 300 victims in Providence, during the year 1877.

Circassian Surgery.

An English surgeon in the Turkish army writes this incident illustrating surgical knowledge among the Circassians:—"On passing the Circassian camp on my way home, I was hailed by an orderly of the Pacha, to know if I would kindly call and see a wounded officer. Of course I went, and found, among several others wounded, a very handsome young officer, with a bullet somewhere in the elbow. Attending upon him, I found a wild-looking old Circassian, who was sucking the wound, in the vain hope of thus extracting the bullet, the simplest and safest way, he assured me, of performing this operation. After this interesting experiment had been continued until the operator was thoroughly exhausted, and without, I regret to say, his labors being crowned with success, the mollah, or priest, was called in consultation; but by this time the Pacha, who was present, and who wished me to think him superior to the superstitions of his people, asked me to interfere. I did so, on the condition that I should have the officer removed to our ambulance, which that morning had come into existence, though in a very small way, it is true. To this he consented; and, after his arrival, I put him under chloroform, and found that a good deal of sucking or enchantment would have been required to extract the ball, which had entered the ulna, and carried before it a portion of the olecranon, which was wedged firmly, together with the bullet and fragments of clothing, between the split condyles of the humerus, right into the cancellous tissue. Having cleared out all the fragments of bone, I found that a sufficiently complete "resection" of the joint had been made without my further interference; and, under the nearest approach to antiseptic measures which I have at command, in this fresh healthy air, and with the robust constitution of the patient, I hope to save him a tolerably useful arm.

Traveling Casualties.

Some interesting statistics have been published by M. Gortiaux on the dangers of traveling by land. He states that in the old diligence days a man had one chance of being killed in 300,000 trips, and one chance of being injured in 30,000. On the railway between 1835 and 1855 there was one chance of being killed in 2,000,000 journeys, and one chance of being injured in 500,000. From 1855 to 1875 one chance of being killed in making 6,000,000 journeys, and one chance of being injured in 600,000. Now the chances of being killed are as one to 45,000,000, and of being injured, one to 1,000,000. Consequently, a person traveling ten hours a day, at the rate of forty miles an hour, would, in the first period, have had a chance of escaping destruction during 321 years; during the second period, during 1014 years; and between 1872 and 1875, during 7439 years.

Arsenic and Antimony in Vulcanized Rubber.

An article contained in No. 17 of the *Répertoire de Pharmacie*, by Mr. E. Filhol, again draws attention to the fact that much of the vulcanized rubber of the market, at least that made in Europe, contains arsenic, which may be readily extracted by means of hydrochloric acid. It may not be generally known that the golden sulphide of antimony is largely consumed for coloring vulcanized rubber. This is prepared specially for the purpose, both of a red and of an orange color, and preserves its tint even at a high temperature. Some time ago an inquiry was instituted whether dental vulcanite, colored by vermilion, was poisonous; and the result was that it was declared innocuous. It now remains to be seen whether any dental vulcanite is colored by antimony sulphide, and what constitutional effects it produces.

Foreign Universities.

Nature states that the lectures at the St. Petersburg Ladies' High Medical School reopened this year on October 13th. One hundred and eighteen students were admitted, though a far larger number of applicants passed

the examination. The number of the students admitted, however, was limited as above, because of want of room. A fifth class has now been added; and the students receive, after having finished the studies, the degree of surgeon. According to the same journal, the imperial authorities of Strasburg have finally decided upon extensive appropriations for the new buildings of the University. They will embrace edifices for lecture-rooms, chemical and physical laboratories, and chirurgical and psychiatric clinics. The new observatory will be completed next year, and the botanical gardens are rapidly being laid out. In 1882 the University expects to occupy its new buildings.

Personal.

—Dr. Isaac Winans, of New Brighton, Pa., brother of Dr. S. Winans, of Alleghany, died very suddenly at his home, recently, of softening of the brain. The deceased was in his 67th year, and had been practicing his profession in New Brighton since 1856, where also he had been an elder in the Presbyterian Church for over twenty years. He left a family of three sons, all of them in Kansas, and of five daughters.

—Dr. William H. Draper, a well-known New York physician, was married on December 5th, to Miss Ruth Dana, a daughter of Mr. Charles A. Dana, of the *Sun*, at Dosoris, near Glen Cove, L. I., the handsome country seat of Mr. Dana.

—Dr. W. J. Sawin, of Chicopee Falls, Minn., who was to have been installed one night last month as Eminent Commander of Springfield Commandery, Knights Templar, fell dead, of apoplexy, at the beginning of the meeting.

—Miss Ida Savory, an actress well known in the Eastern States, was married recently to Dr. R. H. Keep, of Brooklyn, N. Y., and will soon retire from the stage.

—Dr. J. Marion Sims has recently suffered a severe loss, in the death of a daughter, Mrs. Mary Gregory, of New York City. He is at present in Europe.

—Dr. J. Herbert Claiborne, well known as a practitioner and author, has been elected President of the Virginia State Medical Society.

—Dr. Edward Hammond Clarke, an eminent Boston physician, died a few days ago.

—Dr. Stokes, of Dublin, the distinguished physician, and Regius Professor of Physic in the University of Dublin, has, we regret to say, been stricken with apoplexy, and continues in a state which leaves little hope of restoration even to moderate health.

—Professor C. von Heine, of Prague, died of diphtheria in October. Professor von Heine was one of the foremost surgeons in Germany, and was, moreover, a man of such purity and amiability of character that his death will be widely felt and deplored.

Items.

—Providence, R. I., has had a genuine case of leprosy in a young French woman, who ran away from the village of Tracadie, in New Brunswick, where there is a colony of lepers, on the appearance of the disease in her, and has since worked as servant in various Providence families till the disease has reached a very advanced stage. Last week she was sent back to Tracadie.

—The *Clinic* says that the new Anatomical Theatre of the Moscow University was opened on October 9th. It is immediately connected with the hospital. It is well lighted, well ventilated, and its tables and floor are covered with zinc. Attached to it is a large furnace for the cremation of all bodies and parts of bodies not otherwise utilized.

—The Massachusetts Medical Society has offered a prize of two hundred dollars, to be awarded in April next, for an essay showing original or meritorious work within the two previous years.

—In the Supreme Court of Rhode Island, in a suit to recover damages for unskilled treatment in a hospital, the Judge charged the jury that the corporation was a charitable one, and therefore not liable to damages.

—Trichinosis has become excessively prevalent recently at Leipzic. All classes of the community, even the aristocracy, have been attacked by it, and at Stettin alone there were forty-one cases in one week.

—Amsterdam is, henceforth, the seat of academic teaching, a new university having been opened there on the 15th of October.

—An average day's work is equivalent to the lifting of 351 foot tons; a heavy labor is equal to 700 foot tons.

—The relative humidity of Philadelphia is 68.

QUERIES AND REPLIES.

Minneosta Sub.—You will find excellent directions for venesection in Heath's *Minor Surgery*, p. 111. The illustrations required prevent us quoting the extract.

Dr. J. H., of Ohio.—See the REPORTER, current vol., p. 398. There is no law that we know of, in any State, preventing a druggist from refilling a prescription as often as he chooses.

MARRIAGES.

ELLISON—MCCUISTION.—At Onion Creek, Texas, November 28th, 1877, by Rev. Andrew Renick, W. A. Ellison, M.D., and Miss Mary E. McCuistion.

HILL—PAINTER.—On Tuesday, November 6th, at St. Thomas' Church, Garrison Forest, by Rev. Wm. F. Lockwood, Dr. Charles G. Hill and Isabel S. Painter, daughter of Charles Painter.

MILLER—BIDDLE.—On the 9th instant, by the Rev. George Emlen Hare, D.D., Dr. Samuel M. Miller and Elizabeth R., daughter of Dr. John B. Biddle.

DUCRO'S
ALIMENTARY ELIXIR,

A COMBINATION UNITING THE PROPERTIES OF

ALCOHOLIC STIMULANTS AND RAW MEAT.

This preparation, which has been used with great success in the hospitals of Paris, since 1868, is adapted to the treatment of all diseases requiring the administration, in a small volume, of a tonic able to stimulate and support the vital forces, as *Pulmonary Phthisis, Depression* and *Nervous Debility, Adynamia, Malarious Cachexia, etc.*

Prepared by DUCRO & CIE, Paris.

DOCTOR RABUTEAU'S

(Laureate of the Institute of France.)

DRACEES, ELIXIR & SYRUP

Of Proto-Chloride of Iron.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules.*

"The ferruginous preparations of *Dr. Rabuteau* do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hopitaux.*

Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily because of its agreeable taste.

DOCTOR CLIN'S

(Laureate of the Faculty of Medicine of Paris. Prix Monthyon.)

CAPSULES AND DRACEES

Of Bromide of Camphor.

"These remedies are prescribed when it is necessary to produce an energetic sedation on the circulatory system, and particularly on the nervous cerebro-spinal system.

"They constitute one of the most energetic *anti-spasmodic* and *hypnotic* medicines."—*Gazette des Hopitaux.*

"*Dr. Clin's Capsules and Dragees of Bromide of Camphor* are those employed in all the experiments made in the Hospitals of Paris."—*Union Medicale.*

Dr. Clin's Capsules contain 4 grains, and the Dragees 2 grains, of genuine Bromide of Camphor.

N. B.—*Dr. Clin's Gluten Capsules* are very rapidly dissolved in the stomach, and should be preferably employed for a long treatment, and when the administering of Bromide of Camphor at a great dose would be considered as beneficial.

Prepared by CLIN & CO., Pharmacists, Paris.

DOCTOR GIBERT'S
DEPURATORY SYRUP AND DRAGEES,

OF IODIZED DEUTO-IODIDE OF MERCURY.

These preparations have been approved by the Academy of Medicine of Paris, and have been thoroughly tested in the hospitals of Paris in the treatment of *Syphilitic, Scrofulous* and other affections requiring the use of iodized remedies.

They are recommended for the utmost accuracy of composition, and their perfect preservation.

Prepared by VAUQUELIN-DESLAURIERS, Chemist, Paris.

E. FOUGERA & CO., Agents, New York.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly :* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say : —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, *cinchonidine.*
F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE ; and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
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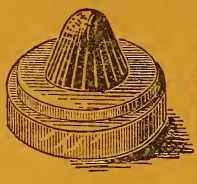

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1086.] PHILADELPHIA, DEC. 22, 1877. [Vol. XXXVII.—No. 25.

Original Department.

Lecture.

SEXUAL EXHAUSTION.

A CLINICAL LECTURE, BY H. C. WOOD, Jr., M.D.,
Professor of Materia Medica and Therapeutics, and Clinical Professor of Nervous Diseases, in the University of Pennsylvania.

SPECIALLY REPORTED FOR THE MEDICAL AND SURGICAL REPORTER.

P. A., colored, thirty years of age, waiter. Has had gonorrhœa, and syphilis frequently. Is of a very amorous disposition; has frequent intercourse with his wife and frequent seminal emissions. Just before going to sleep he feels something rising from between his ribs and hip on the left side. This sensation goes up to the heart, causing a soreness there and subsequently a warm feeling. He often has from two to three spells of this character during the course of the night. The following morning he always feels very weak in his arms and side. The patient does not sleep well, gets angry and frightened easily, and becomes fatigued upon slight exertion.

Apropos of the above case, I wish to speak to you somewhat at length, to-day, upon the subject of sexual exhaustion. It will be necessary to begin with a study of the physiology of the sexual act in its normal and abnormal performance. You all know that what goes by the name of the sexual orgasm is an inordinate excitement of the whole nervous system. In this excitement certain parts of that system are especially active; exactly what parts we do not as yet know. The cerebrum probably feels the excitement but slightly in comparison with the lower portion of the spinal cord. The sexual orgasm bears a very intimate resemblance to epilepsy, therefore the brain must bear some part, however slight it may be, in the performance of the function. When any part of the body is in a state of excessive functional activity, there is always a condition of active congestion; as a result of which there is a state of subsequent depression. The greater has been the excitement the greater, of course, will be the depression. So, in the performance of the sexual act, there is an intense congestion of the nervous system, followed by an equally marked exhaustion. Under ordinary circumstances, the sexual act is only performed once in three, four, or five days, so that a long interval is left for the recovery of power. If the interval be short, however, and the act be repeatedly performed, there will be repeated congestion and exhaustion. This state of things tends to bring on a condition of semi passive congestion of the nerve centres, while the exhaustion becomes permanent.

Sexual exhaustion may be due to two causes, viz.: excessive venery; and onanism, or masturbation. There may be, perhaps, a slight difference in the meaning of these latter terms, but I shall use them synonymously.

Masturbation.

Some persons think that masturbation is more injurious in its effects than excessive venery. I do not believe this. I think that masturbation is much more frequently a result of insanity than *vice versa*. This practice of masturbation is a very prevalent one among both sexes. It is almost universal in boarding schools. If its effects were as serious as some would have them to be we should find the com-

munity full of wrecks produced by it. In excessive venery two individuals are necessary to the performance of the act, and the circumstances must be propitious. The act of onanism may be performed many times a day without full gratification or complete ejaculation of semen upon any occasion. Consequently there is always a stimulus left behind to masturbate again. In masturbation there is rarely, indeed, the full gratification experienced in complete copulation. The reason that onanism produces disease more frequently than excessive venery lies, therefore, in the fact that it is much more frequently committed.

The results of onanism are entirely distinct from those of excessive venery. Following excessive masturbation comes spermatorrhœa. There may always be found two kinds of spermatorrhœa; true spermatorrhœa is rare; spermatophobia is very often encountered. In this latter form there is always great depression of spirits. The patient comes to you thinking he has entirely lost his manhood, and with a terrible woe painted on his face. He tells you that he has been guilty of masturbation when young, and that now he has a seminal emission once every two or three weeks. His symptoms are becoming more and more hypochondriacal. In true spermatorrhœa the symptoms are different, the emissions being much more frequent. It is hard to draw the line between natural and unnatural emissions. In the milder form of spermatorrhœa they only occur at night. In severe cases they may be caused at any time, and particularly by certain kinds of gymnastic exercise, horseback riding, or even by the mere presence of females. In some cases they may occur without any apparent cause. In making your diagnosis be sure that you distinguish between the above forms of true and false spermatorrhœa. You must institute most careful inquiries, and, if necessary, make a microscopical examination of the spots on the linen, after having moistened them with water.

The general symptoms of masturbation are those of nervous exhaustion. Along with this there is generally remorse, loss of all ambition and energy, fickleness, inconsistency, general and spinal weakness, aching pains in the loins, pallid face, and general hang-dog expression.

Treatment of Masturbation.

Treatment may be divided into hygienic, medical, and surgical. I have never yet seen a case so severe as to need surgical interference. Of course, as a most important and initial step, the patient must be persuaded to stop the practice at once and forever. Then the hygienic treatment is in order. Insist upon it that your patient take plenty of thorough physical exercise. Enough exercise should be taken each day to produce decided fatigue. Then, too, he must live largely on farinaceous food, avoiding meat as much as possible. A large meat diet throws a great strain on the kidneys. So that your treatment may fail entirely until the patient be restrained upon farinaceous articles of food. All kinds of exercise which irritate the genital organs should be positively forbidden, such as horse-back riding and pole climbing. In some cases it may be necessary to keep the patient away from females. Emissions generally occur during sleep, so you must have particular care as to the way in which your patient sleeps. As sleeping on the back provokes emissions (why, I do not exactly know), he must always sleep on his side and on a hard bed, with as few covers as the weather will allow. The bed room, too, should be cool, and the bladder should always be emptied before lying down to sleep. Sometimes the strict observance of these precautions alone will suffice to effect a cure. Of course a certain moral hygiene must be insisted upon at the same time. All sexual literature, theatrical and other scenes, must be avoided, and all mental impurities, *for the time being*, *at least*, completely banished.

As regards medical treatment, the all important indication is to subdue all excessive irritability of the parts. To do this, bromide of potassium will often suffice. This should be given in doses of from twenty grains to half a drachm thrice daily, or, you may give doses of brominated camphor, five grains three times a day, in emulsion. Along with this soothing treatment, iron and some bitter tonic may with profit be employed. In some instances ergot, by relieving the congestion of the spinal centres, does great good. The success of your plan of treatment will depend largely, of course, upon the way in which it is carried out. In some cases the habits and associations may be so viciously fixed, that you may have to insist upon your patient's going to work as laborer on a farm.

Excessive Venery.

It is difficult here, also, to draw the line between proper and excessive sexual relations.

What one man can with impunity stand, would entirely break down another's constitution. Excessive venery, though most common among unmarried, is frequently met with in married life. The question will be often put to you by husbands as to how often they should have connection with their wives. With ordinary men, once a week is sufficient. Where, however, both husband and wife are robust, twice a week is not too often. The best rule to adopt in this matter, is that the act is performed in excess when its results, exhaustion, etc., make themselves felt. The normal act should leave no trace behind.

The symptoms of excessive venery are those of general debility. In some cases there may be slight spermatorrhœa. There is weakness about the loins, back and lower limbs. In severe cases there is loss of power in the lower limbs, almost amounting to palsy. Excessive venery is probably always attended with some molecular change in the nerve centres. After prolonged abuse, organic changes, such as myelitis, locomotor ataxia, and chronic sclerosis take place. The case which I have taken as a heading for my lecture is a very good example of the more marked symptoms of excessive venery. Although, as I have said, excessive venery is occasionally the cause of organic changes in the cord, yet I am inclined to believe that not infrequently it is a result, rather than a cause, of commencing neural disease. Paraplegia following excessive venery is rare.

In some rare instances the brain is affected, with cerebral softening or epilepsy as a result. In epilepsy from this cause the aura is more distinct and travels more slowly than in idiopathic epilepsy. So that if the aura begins in the forefinger, for instance, there is time enough, usually, to grasp the wrist firmly, and so prevent the seizure.

Treatment of Excessive Venery.

Of course, the practice must be stopped. In some cases it becomes necessary to insist that husband and wife sleep in separate beds. All coition must be absolutely forbidden until perfect virility be regained. As regards hygiene; nourishing food, warm clothing and plenty of sunlight and exercise are indispensables. Where the emissions are numerous the same hygienic measures as in cases of masturbation must be employed. Medicines may be given, first, to cure the disease, and, second, to aid in the moral effort at continency. For the first purpose iron and the bitter tonics are indicated, while to subdue all excitement and local irritability the bromides may be given up to the point of producing bromism. A specific remedy is phosphorus. It may be administered alone or with ergot. The ergot is very plainly indicated where there is numbness or prickling of the limbs. The action of phosphorus in some cases is really wonderful. Do not, however, give phosphoric acid and think that you are giving phosphorus. Where the disease has gone on to organic spinal disease you must treat the symptoms on general principles.

Impotence.

I want, in conclusion, to say a word to you on this subject. There are two kinds of impotence: (1), That connected with excessive irritability of the organ, and (2), where there is loss of power without irritability. We usually meet with the first form in young men who have been in the habit of masturbating before they were married. In these instances emission occurs before, or just after, intromission. The proper treatment in such cases is continued doses of the bromides. The patient must be also warned against marital excesses. In the treatment of the second form the following is a good remedy:—

℞ Tinc. canthar., gtt.vj
Tinct. ferri chloridi, gtt.xv–xx. M.
Sig.—Thrice daily, in water.

In impotence with spermatorrhœa the tincture of cantharides acts like a specific. The cantharides should not be given where debility is absent. If further treatment be required, cold bathing, strychnia and electricity may be employed.

Communications.

THE PATHOLOGY AND TREATMENT OF CARCINOMA.

BY FREDERICK HORNER, M.D.,
Of Salem, Va.

This constitutional as well as local affection is embraced within the domain of the surgeon and physician, according to its location, and is usually developed with great rapidity. Cancerous or fungous growths destroy surrounding tissues by pressure, or the abstraction from the blood of the nourishment which is destined for their use. "These parasitic masses," says Car-

penter, "have a complete independent power of growth and reproduction, and may be propagated by inoculation." At St. Thomas' Hospital, London, and in those of Paris, the writer did not remark as many cases of cancer under treatment as in hospitals of this country. This proportion has been increased, according to observation, in certain localities of Virginia, since the late civil war, and with a mortality as large as has occurred in cases of phthisis pulmonalis. The statistics and history of cancer prove a marked hereditary tendency of the disease. This fungus affecting the human species resembles other abnormal products, *e. g.*, the hydatid of the liver or ovary, both self productive, or the disease in certain plants, secale cornutum, or the fungi of fruit trees, and with these contains osmazone, which is present in encephaloid cancer. Experiments have proved that cancerous matter injected into the veins of a dog caused the animal to pine away, and after death cancer growths were found in the lungs. In the human subject, the mortality increases as life advances, but there are exceptions to this rule, the result of careful, judicious medical treatment. Females are more liable to cancer at the period when the catamenia cease, between the ages of forty and fifty. Usually the progress of the disease is slower in the old than in the young. Cancer of the stomach often extends to the liver, that of the uterus to the mesentery glands and rectum, from the breast to the glands of the axilla, and is commonly fatal by destruction and gangrene of the lungs, or extension to the pyloric orifice of the stomach.

Examined chemically, cancer matter has been found to contain gelatin, albumen, fibrin, osmazone, fatty matter and water. Cancer cells, best studied with the aid of the microscope, are minute in form, with nuclei adherent to their walls. According to Dr. Carswell, there are also granules, considered to be the germs of new cells, and endowed with the power of self-increase and propagation; these germs are carried through the lymphatic vessels to the absorbent glands, and thence into the venous circulation. The nucleated cells, chiefly globular, though sometimes caudated and larger than the blood corpuscles, float in a gelatinous fluid. The disease appears first in a small spot, *e. g.*, the cuticle of the face or in a secretory gland, resembling a bruise or common mole, with symptoms of redness, itching, a peculiar sharp, lancinating, neuralgic pain, with general cachexia and yellow skin, swelling and the formation of a tumor, which varies in shape, size and consistence, and according to the tissue in which it is located. This eminent author defers to the opinion that cancer depends upon a diseased state of the blood, and is not the result of any morbid condition of the secretory structure, whether this be the capillary vessels or the ultimate cells. Walshe affirms that cell germs, entirely new and foreign to the body, become the centres of a new nutrition and new growth. Wood has never known of the propagation of cancer by contagion. All will admit that these morbid and malignant formations are deficient in plastic material, but abound in albumen or the protein principles of the blood; hence are less organizable than ordinary lymph products, and have a strong tendency to death. As previously stated, they display a marked hereditary tendency; they become disintegrated and work their way to the surface by exciting ulceration in surrounding tissues, and sometimes occasion fatal hemorrhage, ending in death. A section of schirrhus affords, on being scraped, a peculiar lactescent fluid, called cancer juice. Its minute structure presents a fibrous network made up of filaments forming meshes, in which are seen cells, nuclei, and a granular matrix. The discharge from a cancer sore is sanguilolent and intolerably offensive. The bottom appears as if it had been dug out; it bleeds freely. When constitutional symptoms supervene, the fate of the patient is sealed.

The varieties of Cancer are—1. Schirrhus, carcinomatous sarcoma or stone cancer, designating a morbid product which is more dense than any of the natural tissues, excepting tendon, cartilage and bone. The liver, female breast, uterus, stomach, and rectum are peculiarly liable to this form of cancer. 2. Medullary carcinoma, including fungus, hæmatœs. 3. Gelatinous or colloid cancer.

Epithelioma is a milder form of these malignant growths affecting the cutaneous and mucous tissues, the lip of the smoker of tobacco, and the scrotum of the chimney sweep, and is more common in men than in women. Modern pathologists affirm that all are distinguished from benignant tumors, on dissection, by an absence of the fibrous envelop which distinguishes the latter.

Treatment of Cancer.—In an account of the

external and internal use of arsenic for the cure of cancers, by Dr. Benjamin Rush, read before the American Philosophical Society of Philadelphia, February 3d, 1786, this eminent physician and author says: "Cancerous tumors and sores are often neglected or treated improperly by injudicious people, from an apprehension that they are incurable, to which the frequent advice of physicians "to let them alone" has no doubt contributed. Perhaps the introduction of arsenic into regular practice as a remedy for cancers may invite to a more early application to physicians, and thereby prevent the deplorable consequences incident to delay or unskillful management." The author, in a previous paragraph, mentions how he had detected the secret of a cancer doctor of Philadelphia, proving that his powder and solution, which claimed to be an Indian remedy, contained arsenic mixed with atropia, belladonna or stramonium. He adds, that where the cancers were accompanied with a scrofulous habit of body the remedy failed, and in some instances did evident mischief. Dr. Rush believed arsenic to be the most efficacious local application, diluted and mixed in such a manner as to mitigate the violence of its action in the proportion of an ounce of arsenic in two quarts of water, boiled down to three pints.

As was stated by the writer, in the history and successful treatment of the case of the late Dr. Stewart Baldwin, of Winchester Virginia, in a former number of the MEDICAL AND SURGICAL REPORTER, attention should be directed to promote the general health of the patient and ensure good digestion, normal action of the liver and kidneys and warding off inflammatory action of the lungs and disorder of the heart. Pleasant emotions of the mind should be encouraged, the patient should avoid overwork, whether mental or physical. Hence the professional man should be relieved of the cares incident to practice, and the operative of exertions in the field or shop, or exposure to the weather. The patient should take gentle exercise daily in the open air, and resort to innocent recreations, social visiting, travel and light literature. There can be nothing more wholesome than an appeal to religious faith, since the tenets of the Bible inspire confidence in the power and willingness of the Creator, Himself the good physician, to mitigate and relieve the most desperate disorders, and who alone can save His creatures from despair.

Internal remedies are useful. Arsenic, in the form of Fowler's solution, may be given until some impression is obtained; vegetable and mineral tonics, gentian, quinine and dyalized iron, along with mild local applications, glycerine, carbolic acid, and to remove fetor, bromochloral solution prepared by Tilden & Co. The writer does not doubt that the cancer doctors, those especially of blissful reputation, have some reason to commend cundurango as an alterative and astringent, but all know that this remedy has proved utterly worthless as a specific to cure cancer.

CASE 1.—Miss F., aged 27; parents healthy. Had an encephaloid tumor seated in the subcutaneous and inter-muscular tissues of the left forearm, on the inner radial side. On the occasion of the failure of her general health a small swelling, which increased rapidly in a short time, became visible in the position indicated. The advice of a country physician was sought. He operated, removing what he supposed to be a fatty tumor. Shortly afterwards the disease reappeared in the form of true hæmatoid cancer, with its double circulation, part its own and the other common to it and the surrounding tissues, filling up the space and interstices of the cavity of the tumor removed, attended by copious hemorrhage, loss of appetite, and general cachexia. At the close of five months the patient died.

CASE 2.—Cancer of the pyloric orifice of the stomach, with disease of the mesenteric glands and small intestines, in the person of a lady of the age of 55. The symptoms were marked by excruciating pain over the stomach, great emaciation and inability to retain food of any kind, complicated with caries of the seventh cervical vertebra and scrofula. A brother died of consumption. She was the daughter of a physician, and for a long while the patient of the late Prof. H. L. Hodge, who had treated her in early life for retroversion of the womb. The supervention of chronic diarrhœa and hemorrhoids contributed to add to the intensity of her suffering. Every expedient that could be suggested by resort to suitable medicines, diet and hygiene proved unavailing in this case, and after lingering for five years the patient died, a living skeleton.

CASE 3.—The patient a married woman, aged 65, schirrhus of the left mamma. The mother had died at an advanced age, with symptoms of ovarian dropsy. In this case the morbid

growth increased rapidly in the space of five months, the tumor was of stony hardness, the skin elevated into nodules, the size of a Spanish olive, accompanied by the sharp intermitting pain of cancer, and finally ulceration and copious hemorrhage. At the urgent solicitation of the patient the gland was removed. The incisions not allowing a flap of sufficient size, owing to the contraction of the skin, cellular tissue and pectoral muscle, the edges of the wound were secured by the quilled suture. Six months after the operation, at the present time, this patient is doing well and has no unfavorable symptoms or any return of the disease.

Case 4.—Mr. McD., aged sixty-three; a farmer by occupation; in sound health and of active, industrious habits. During the summer of 1872 his attention was directed to a mole-like excrescence of small size, located on the surface midway between the nose and eye This growth occasionally itched and caused slight pain, but was otherwise not troublesome, or even noticed by the patient or his friends. The following year the swelling became red, somewhat painful, and developed into a small sore while exposed to the sun and at work on his farm. Unluckily, the possible existence of a cancerous affection was suggested. The patient abandoned the advice and treatment of his regular physician and surrendered himself to the trial of the ubiquitous cancer and herb doctor, in the person of one Dr. D., hailing from the State of Pennsylvania. The latter, with others of this class, in vain donned the livery of heaven to serve the Evil One; tortured his patient with powerful medicines and escharotics, not omitting cundurango, when death came to the relief of the man; but not before the quack had secured his ill-gotten gains.

It may be added that the State Medical Society and Board of Health of Virginia have in vain petitioned the State Legislature to enact laws protecting the members of the regular profession and forbidding quackery.

TRAUMATIC TETANUS.

BY J. K. MILLER, M.D.,
Of Berlin, Pa.

The details of the following interesting case, which fell into my hands for treatment in the month of September, I consider of sufficient general interest to justify a short report for the readers of your excellent journal. This formidable affection is comparativly rare, and the recoveries, even in the mildest forms, still more exceptional; it therefore behooves the conscientious physician to add every item of interest which promises to throw even a ray of light on either the pathology or treatment, for the benefit of the profession at large. Our patient was a young lad, eight years of age, who fell from a loaded wagon, and was injured in the face and head by one of the wheels. The actual continuity of tissue was in the face, the sharp edge of the wheel making a clean cut of over ten inches in length, and peeling off two-thirds of the scalp close to the bone, removing the periosteum over the parietal eminence. On the opposite side of the head, which rested on a stone, we had a large contusion, with effusion of blood, necessitating an opening for its exit. The accident, taking all things into account, was the most formidable which I have ever witnessed in a practice extending over twelve years.

As is usually the case in accidents of this kind, the wound was full of sand and other foreign substances, thus complicating the case still more. After a thorough cleansing of the wound, in which I was assisted by Mr. U. S. Musser, a student in medicine, and which was accomplished with the greatest difficulty, the parts were brought together by suture and adhesive strips, and the case treated on general principles. About one third of the wound united by first intention. The little sufferer was cheerful and evidently comparatively comfortable, for five days, when the first untoward symptoms made their appearance. These symptoms, however, were not characteristic of the disease which was so soon to supervene, consisting of restlessness, insomnia, coated tongue, foul breath and torpid bowels. The first well defined symptoms of the approaching disease consisted in stiffness in the back of the neck, rigidity about the jaws, with more or less pain in attempting to open the mouth. Simultaneously with the above troubles great pain in the pit of the stomach was experienced. In two days after the first pathognomonic symptoms had made their appearance the jaws were firmly locked. The muscles of deglutition became affected early in the disease, thus making the administration of medicine, as well as a sufficient amount of nourishment, exceedingly difficult, and at intervals entirely impossible. As the diaphragm and other

muscles of respiration became involved, the breathing became labored, and paroxysms of painful dyspnœa quite frequent. In fact, the obstruction to the proper oxygenation of the blood, by the paroxymal spasm of the respiratory muscles, and the consequent dyspnœa, were among the most distressing symptoms. The muscles of the trunk were all more or less affected, but especially those along the spine, producing the condition of the body denominated opisthotonos. The extremities became implicated last, when every voluntary muscle in the body was completely rigid. At the height of the disease the whole body was as stiff as a statue, and the slightest causes, such as an attempt to swallow any cold liquid, or even the faintest noise in the room, were sufficient to throw him into the most violent paroxysms. The mind was clear throughout the whole course of the disease, with entire absence of either stupor or delirium. The sleeplessness which made its appearance early in the case continued until fully restored to health. Whenever sleep was procured, by the influence of drugs, or otherwise, the paroxysmal spasms abated somewhat, while the tonic rigidity of the muscles continued in full force. The pulse, under the excitement of a paroxysm, became perceptibly accelerated, while in the absence of any muscular excitement it remained entirely normal. The temperature of the surface of the body was increased to a very marked degree, with profuse and persistent perspiration. The full extent and power of the muscular contractions above described, and the consequent suffering, may be estimated from the fact that both clavicles were forced from their articular surfaces at the sternal extremity. The slight relaxations of the muscles of the face and jaws, at short intervals, and their sudden closure, was followed by serious injuries to the tongue and soft parts of the mouth and cheeks.

The treatment, however, was the primary object of my report. The successful termination of a well marked, and in many respects a typical case, is sufficient encouragement to persist in the administration of appropriate remedies, in apparently hopeless cases. The first step in the treatment was to cleanse the bowels with calomel, followed by black draught, and afterward keep them soluble by small doses of the same draught. The first drug which we administered with a view of controlling spasm and relieving pain, was sulphate of morphia. We soon ascertained, however, that the remedy was not only useless, but actually mischievous, producing stupor and other unfavorable symptoms. Belladonna was then substituted, with encouraging prospects of accomplishing the desired end. We continued the use of it nearly a week, and were able to control spasm and procure sleep to such an extent as to inspire the hope that we had found the proper remedy. At this stage of the case, however, all our hopes were brought to naught by a sudden change in all the symptoms. The wound, which had hitherto formed laudable pus, and presented a healthy appearance, now began discharging sanious matter, and assuming an unhealthy aspect. The constitutional symptoms also became graver and more formidable in their character, and on the whole the case was unpromising and apparently hopeless.

We made topical applications of fomentations containing opium and acetate of lead, by which we succeeded in changing the aspect of the wound, and re-establishing the formation of healthy pus. But the belladonna had lost all its virtues, and was hereafter absolutely useless in controlling spasm. We next resorted to the much vaunted calabar bean, only, in turn, to be disappointed. Much as is claimed for this drug in the treatment of tetanic affections, in our case it failed entirely to meet the indications. The next drug which we had recourse to, and which proved *the* remedy, was chloral hydrate. After the administration of a few doses of this drug, very encouraging changes for the better were noticeable, and by the persistent use of it we controlled the spasms, and procured quiet and refreshing sleep. We do not wish to be understood as saying that the rigidity of the muscles was overcome by the administration of chloral, but the paroxysmal spasms were most effectually controlled. We could regulate the hours of sleep by diminishing or increasing the dose, and, as must be evident from this fact alone, modify all the untoward symptoms. If we are justified in attributing specific virtues to any article in the whole materia medica, we are inclined to claim such virtues for chloral in the case under consideration. Of this fact there remains no doubt, that, with the system thoroughly under its influence, there was rest and quiet, and without it nothing but intense and continued suffering.

We must not overlook the all-important fact that, throughout the entire course of treatment, which extended over a period of eleven weeks, we had the proper nourishment of the patient constantly before our eyes. Quinine was administered from the setting in of the grave symptoms, without intermission. Whisky, cream, milk, chicken broth, and beef tea, were the principal articles of diet.

Thus we conducted the case to a final and successful restoration to perfect health, with every faculty intact.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF DR. R. J. LEVIS.

Reported for the Medical and Surgical Reporter.

Enucleation of the Eyeball, to Prevent Sympathetic Inflammation of the Other Eye.

I shall present to you, first, a man who has sustained an injury of the eye which will necessitate enucleation of the eyeball. He is a farmer who two weeks ago received a blow on the eye from a cornstalk; that has been followed by ophthalmitis. The term ophthalmia, I may observe, is usually restricted to conjunctivitis. The effect of this injury has been the complete destruction of the globe of the eye. He suffers from continual pain and is, besides, subject to a great risk. I propose to enucleate, because he suffers in the injured eye, and to prevent the danger of sympathetic ophthalmia. We have learned by practice and long experience, that sympathetic ophthalmia is not communicated by means of the optic nerve, but that it is communicated from one eye to the other through branches of the ciliary nerve only. Wounds involving the iris are thus most likely to be followed by, or to cause, sympathetic ophthalmia. Wounds in that part of the eye which receives nervous branches from the ciliary nerves are therefore likely to be followed by sympathetic ophthalmia. Sympathetic ophthalmia does not usually come on until the violent symptoms in the injured eye have abated. The first intimation of the supervention of sympathetic ophthalmia is a want of the power of accommodation; the ciliary muscle loses its power, and the patient fails to read, to write, and to see near objects. He presents, perhaps, a zone of redness on the sclerotic, about the iris, as I show you on the diagram. The disease must be recognized in its incipiency, for the eye may be destroyed in twenty hours, weeks after the injury was received. This man two or three weeks ago received an injury, as has been stated. Now, the injured right cornea is white and opaque, and the other is sensitive. The first object is to get rid of the stump, and this will probably meet the second indication, which is to secure the left eye from sympathetic inflammation. Here the structures which I have said may cause sympathetic ophthalmia still remain. In some cases the optic nerve has been divided, to prevent sympathetic ophthalmia, but without effect.

Enucleation is the removal of the eyeball. The conjunctiva will be pared back and each muscle of the eyeball divided at its tendinous insertion into the sclerotic coat. The cellular tissue and the optic nerve will then be cut through. We shall pick up the conjunctiva and snip it with the scissors, then divide the muscles exactly at the sclerotic. The knife will then break up the cellular tissue, after which the optic nerve will be divided by passing the scissors into the orbit from the outside, because the slope is greater there than it is at the inner angle. The optic nerve is clipped exactly at its entrance. This is a modern operation, by which, unlike the older operation, very little hemorrhage is induced. A suppurating eye does not induce sympathetic ophthalmia. The veterinary surgeons, who are aware of this fact, are in the habit of gashing open a wounded eye, to induce suppuration, and prevent the sympathetic inflammation of the sound eye. In the proposed operation we use the spring speculum, the fixation forceps to pick up the conjunctiva, a pair of scissors and a strabismus hook. The eye may be inclined to jut out of the socket or orbit when the recti are cut, because they are then no longer able to hold it back.

Operation.—The conjunctiva is cut through, the recti are taken up separately by the strabismus hook and cut off at their insertion into the sclerotic, when the eye is seen to jut forward a little. The closed scissors are passed in from the external angle until the point strikes the optic nerve, when they are opened and the nerve cut off. A little remaining cellular tissue is now cut and the ball is removed. Very slight hemorrhage ensues from the division of the arteria centralis retinæ. The conjunctiva is now stitched, and the muscles in it are concentrated to a point by bringing the divided conjunctiva together by one vertical stitch, and one stitch in a horizontal direction. The stump thus formed will be movable, and will afford a good base for an artificial eye. The treatment will be a pad, suitably confined, to prevent oozing. Section of the specimen shows evidences of choroiditis, etc., but no suppuration in the globe. * * * * * At a subsequent clinic the man was shown, and an artificial eye adapted to the stump.

Ununited Fracture of the Leg.

I shall now bring before you an interesting case of ununited fracture of the tibia. It is

not a delayed union but a want of union. Union may be delayed for a long time, and finally become perfectly firm. The patient is a colored man, who, nine weeks ago, received a fracture of the tibia and fibula. Not unfrequently the fibula unites, and the tibia fails to do so, on account of its fixation in and by surrounding tissues and structures. The fibula has not such strong muscular attachments which tend to cause displacement. The fibula in this instance is broken about two or three inches above the fracture of the tibia. The fracture of the tibia is three inches, and that of the fibula is six inches, above the ankle joint. To secure union I shall break up the partial adhesions, and refracture the fibula to accomplish this. The delayed union may be due to a want of good blood supply to the part. After the operation I shall get him, therefore, on crutches, to keep the parts downward. I have often by this means secured union. The silicate or glue dressing is the best application in these cases, for it enables the patient to go about almost immediately. In a case of delayed union I would get the patient about; but in an ununited fracture I must do more than that for his relief, because the case needs more active measures to induce deposition of callus. The patient is etherized and the leg is shaved. The fibula is now rebroken, and the ends of both bones rubbed together. The glue and oxide of zinc dressing shall be applied after the expiration of the hour.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Empyema.

Dr. Cathell. Some months since I was called to see a woman who, four weeks previously, had been delivered, at term, suffering from empyema. She was much debilitated, and tonics and ordinary means afforded but little relief; the aspirator was used and ninety ounces of pus removed, with much benefit. The relief was, however, only temporary, and at three different times since, three hundred ounces in all have been removed by the instrument. Then a drainage tube was introduced, and during the last three months between three and four gallons of pus discharged by this mode. Tonics and iron have been used continuously, and every means employed to keep up the general strength. A short time since I commenced using injections of carbolized water, completely washing out the cavity, and since their use the discharge has lessened very much, and I think there is every prospect of complete recovery.

Diabetes Mellitus.

Dr. Friedenwald. Knowing how intractable glycosuria usually is, I thought it was justifiable to try any mode of treatment, however novel. Accordingly, in two cases lately under my care, I used Ebstein's, viz., one drop of carbolic acid three times a day, and so far as present symptoms are concerned, the patients are entirely well. The sugar has entirely disappeared, and all the functions seemed to be normally performed.

Dr. Lynch. I have cured cases of diabetes insipidus by sulphide of calcium.

Dr. Wilkins. I relieved a case of glycosuria by the use of lactic acid.

Dr. Rohe. Laycock reports a case cured by the use of jaborandi. He does not give the *modus operandi*.

Dr. Morris. Atropia, grain $\frac{1}{96}$, at bedtime, will relieve the nocturnal incontinence and the frequency of micturition.

Red Sweat.

Dr. Lynch. I have lately been puzzled in regard to a case in which the only symptom is the peculiar perspiration from the glands of the axillæ. A man, in perfect health so far as I can discover, applied some months since, on account of the perspiration staining his shirt red. I gave him simply potass. acet., and the symptom disappeared. Lately he returned with the same trouble. I have examined the secretion chemically and microscopically, and am as much in the dark as ever in regard to its pathology. One thing I am sure of, that the color is not produced by blood, as no trace of it could be found under the microscope.

Dr. Caldwell. I have frequently had the same symptom in the summer, but it gave me no concern, and I made no effort to discover the cause.

Dr. Rohe. Without the microscopic examination I should be disposed to consider it a diapedesis. It is a well established fact, that under certain conditions blood can pass to the surface without a solution of continuity.

Dr. Morris. The cases of stigmata, and so-called miracles, attest the truth of Dr. Rohe's assertion.

Loss of the Lens.

Dr. J. J. Chisholm. A few days since I saw a gentleman who had a small wound of the cornea, produced by the breaking of a window pane. Some noise in the street had attracted his attention, and in attempting to look out he did not notice that the window was closed, but struck the glass with his head and broke it. One of the fragments produced the wound of the cornea. Upon examination I found that the lens had escaped through the wound. Under treatment the incision closed without trouble. There was no other injury produced except this to the eye.

A New Inhaler for Ether.

Dr. Rohe exhibited a new inhaler for the administration of ether. It consists of a rubber bag (easily procurable at any rubber store for one dollar) lined with flannel, and a rubber

face shield, which can be bought at any dental depot at the same price. In using the ether about two ounces is poured on the flannel, the bag tied over the smaller end of the face piece, and applied to the face. Anæsthesia with Squibb's ether is usually complete in five minutes. Dr. Rohe claimed that whether the opinion of the greater danger of chloroform was well founded or not at the present time, ether had better be used, unless there was some very good reason for the use of chloroform.

Dr. McDowell thought that in eye surgery chloroform was preferable. Ether produces so much congestion of the iris that sometimes there is very troublesome hemorrhage into the anterior chamber. He referred to a pamphlet lately published by Dr. Chisholm, giving statistics of deaths from chloroform, and showing an extremely small percentage of mortality.

Dr. Grove thought that when ether had been used as extensively as chloroform its percentage would be no better. Ether had been tried in the London hospitals and abandoned.

Dr. Atkinson said that the reason it had been abandoned was, that the English surgeons had not known how to administer it. A surgeon from Boston, visiting in London, instructed them in its use, and now it was gaining favor rapidly.

Dr. Rohe said that Mr. Carter now used it entirely in his eye operations, and it gave satisfaction. Mr. Hutchinson also uses it extensively. In the statistics published there is no mention made of any fatal cases in this city, while nearly every physician can recall a case in which it produced very alarming symptoms, and in many death resulted. It is hardly fair to claim that idiosyncrasy, or ignorance and carelessness, were the causes of all the fatality. Many fatal cases have never been reported, because physicians are not going to inform the community that they did not know how to administer the anæsthetic and thus killed the patient. In army as well as civil practice these cases are attributed to a variety of causes. One difficulty in the administration of ether has been the strangulation complained of by the patient. That, I think, was dependent upon the vapor being cold, which difficulty is obviated by this apparatus, as after the first inspiration it is warmed by the expired air.

Dr. Brown said that he was strongly prejudiced against the instrument, but he had seen it used in a number of cases and the result was entirely satisfactory.

Cancer of the Ovary.

Dr. Brown exhibited the specimen. Some months since the cervix had been amputated, for cancer. The disease returned and the patient died. Upon post-mortem the liver was found to be anæmic but not enlarged; did not yield the reaction of amyloid liver. When we undertook the removal of the left ovary it was found to be attached to the psoas magnus and pyriform muscles, and is an immense mass of cancerous deposit. The internal iliac is infiltrated with cancerous tissue, the body of the uterus is free from disease. The cancer had skipped from the cervix to the ovary. The kidneys were enlarged and soft.

Locomotor Ataxia.

Dr. Mansfield. I wish to obtain some expression of opinion in regard to the case of this gentleman. Mr. P., aged 47, came to me about two weeks ago with the following history: Has been sick for some months, and was treated by a number of physicians, regulars and homœopaths, without benefit. He is robust; weighs 205 pounds; has great dyspnœa on walking, although it be only across the room; partial paralysis, confined to the lower extremities; tottering gait, and would fall if he closes his eyes when in the erect position; no formication; at times a sensation of a belt around his waist; can lie on either side or back, but has trouble in turning in bed; the spine seems sensitive, and I think there is weakness of the heart's action.

Dr. Liebman thought the case one of locomotor ataxia, in which opinion Drs. Morris, Seldner and Murray concurred.

Hemorrhage From the Bladder.

Dr. Cathell. A man, aged thirty-seven; about four years ago, when in perfect health, exerted himself violently, and half an hour afterward, on attempting to pass his urine, discovered a profuse hemorrhage from some part of the urinary tract; thinks that one and a half pints of blood were discharged. A physician was called and the hemorrhage checked. In two months there was another hemorrhage, and they have returned at intervals of one and a half to two months ever since. Five months ago he came under my care, and upon examination of his urine I found pus cells and blood globules, as though the discharge came from an ulcerated surface. Seven weeks ago he had an enormous hemorrhage into an empty bladder, which produced intense pain. Chloroform was administered, and the introduction of the catheter attempted, but the instrument failed to enter the bladder. After this attack he passed large quantities of pus; he would discharge six or seven ounces of normal urine, and one hour afterward there would be a flow of pus. He has been under the care of several of the most prominent physicians and surgeons of this city, but no one has succeeded in introducing a catheter into the bladder. The instrument enters a cavity which seems to hold about one ounce. Notwithstanding the catheter will not enter the bladder, it is perfectly easy to wash out the organ. I think there must be ulceration above the prostate; do not think it is above the bladder. Beyond this trouble the man is in perfect health. In all, he has had between thirty and forty hemorrhages; there are no premonitory symptoms, and he does not know he is bleeding unless he sees the blood flow. It usually appears with the last few

drachms of urine. I now inject the bladder twice a day with one pint of carbolized water (twenty grains to the pint).

Dr. Seldner. Now and then calculi imbed themselves in the pelvis of the kidney, and produce hemorrhage and purulent discharge. A microscopical examination of the discharge might indicate what part of the urinary tract it came from.

Uræmic Convulsions.

Dr. Arnold. I was called to see a man who was found on the street in an insensible condition. He had a convulsion before I saw him, and several afterwards; the thumbs were drawn into the palms; there was tetanic rigidity, followed by coma. By much effort he could be made to open his eyes and look up, but I do not think he was fully awake. The pulse was 88; temperature 99° Fahr. There was tumultuous action of the heart and hypertrophy of the left ventricle. It was a question as to what caused the attack; drunkenness, opium poisoning, cerebral softening, cerebral hemorrhage, or uræmia? Upon drawing his urine and testing it, I found it loaded with albumen, and decided it was a case of uræmic convulsions. Two drops of croton oil were administered and acted freely, and in the morning he was perfectly rational. I suppose, from the symptoms, that he has the small, contracted granular kidney. I have not as yet had an opportunity to make a microscopical examination.

Dr. Lynch. Dr. Bourneville says there is always a lowering of the temperature in uræmic convulsions, and that this serves to diagnose them from eclampsia. I agree with Dr. Arnold as to its not being a sign upon which much dependence can be placed. I saw, last winter, two cases of uræmic convulsions following scarlatina, in both of which the temperature was above the normal, one being 101°, the other over 100° Fahr. Bourneville may have taken the temperature during the coma. It is well to be guarded in basing a diagnosis on the presence of albumen, as it has been proved lately that albumen always follows convulsions or any profound motor disturbance.

Eye Strain.

Dr. Chisholm related a case of persistent headache, which was found to depend on astigmatism, and was cured by the use of proper glasses.

Editorial Department.

Periscope.

Malignant Acute Rheumatism.

Dr. Julius Pollock, Senior Physician to Charing Cross Hospital, London, says, in a recent lecture given in the *Lancet*:—Every now and then, fortunately not often, rheumatic fever assumes a form for which I think the term "malignant" is most appropriate. In such cases, without any apparent reason, the temperature begins to rise, and may ultimately attain the height of 110° Fahr., or even more; the joint affection subsides, pain is no longer complained of, and the patient often expresses himself as better, just as the most serious symptoms are coming on. The profuse sweating ceases, the skin becomes dry, harsh, and intensely hot to the touch; very frequently a crop of sudamina breaks out upon the neck, chest, and abdomen (a very unfavorable sign); the tongue becomes dry and brown, there is great thirst, complete anorexia, the breathing is rapid, and the pulse very quick and generally weak; the patient is tremulous and restless, with a suffused and "ferrety" appearance about the eyes. Low muttering delirium is generally present, though occasionally there is some excitement, and unless the disease takes a favorable turn, or relief can speedily be given, death ensues in a day or two, apparently from mere hyperpyrexia. Post-mortem examination gives us no clue to the cause of the excess of fever. In the cases I have examined there has been no pericarditis, though, I dare say, it is occasionally present. Certainly its existence is not essential to the hyperpyrexia. The lungs are dark and congested, the liver and spleen friable and easily broken down, the blood is tarry and fluid, but the muscles are remarkable for their bright red color; the kidneys are unaffected. The odor of such cases, even when recently examined, is generally most offensive.

I am aware that this state of high temperature is not peculiar to rheumatic fever; that it occurs in continued fevers, in diseases of the brain and spinal cord, in pneumonia and other disorders; but it is in acute rheumatism that it has attracted most attention, and is most frequently encountered. It is not only the more severe attacks of the disease that drift into hyperpyrexia; comparatively mild and subacute cases, which appear to be doing well, will now and then take this remarkable course.

I use the term "malignant" for this condition, in the same sense that it is used for those terrible cases of small-pox, scarlet fever, or cholera, in which the chief force of the disease seems to fall upon the nervous system, overwhelming the patient before any distinctive symptoms are manifested, and because, from my own experience, and that of others, I have

come to the conclusion that, in the present state of our knowledge, the greater number of such cases die, in whatever way they may be treated. Indeed, I think it is doubtful, in those that do recover, how much the remedies had to do with the result; and Dr. Cavafy has recently recorded the case of high temperature in acute rheumatism that got well under the influence of food and stimulants only.

The Treatment of Ulcers.

The following excellent summary is given in the *Lancet*, by Mr. Francis Mason, of St. Thomas' Hospital, London:—

With regard to the treatment of ulcers, their management may be explained in a few words. In the healing ulcer, little need be done beyond leaving it to nature, for the simpler the dressing the better. In the œdematous or weak ulcer, a stimulating lotion, say of sulphate of zinc, two grains to the ounce, or the application of zinc ointment, will generally suffice to effect a cure. In exuberant ulcer, the redundant granulations may be repressed either by applying the solid nitrate of silver, or by making pressure with a piece of dry lint, which tends to promote suppuration, and thus to break down tissue. The congested ulcer, more than any other, requires the administration of saline purgatives and the prohibition of malt liquors and spirits. The same treatment applies to the inflamed ulcer, but here more especially warm fomentations, with or without anodynes, are indicated; and in suitable cases leeches may be applied, but if employed they should be placed at some distance from the ulcer, so as to act as derivatives. In the irritable ulcer, the local application of opium, in some form, is beneficial, and the pain will in many instances be greatly alleviated by brushing the surface with a solution of nitrate of silver (ten to twenty grains to the ounce). The cachectic ulcer is best treated with alteratives. Iodide of potassium should be given in five-grain doses, or more, three times a day, and it is often advantageous to administer some ferruginous preparation. These ulcers are particularly improved by a nutritious, not a stimulating, diet, and thus cod-liver oil and wholesome puddings of a farinaceous kind do more good than ale, stout, wine, or spirits. In the phagedenic, the sloughing, and the sloughing phagedenic, tonics are imperatively demanded, but due care must be taken to clear the primæ viæ. It is a grave mistake to over-stimulate patients suffering from this form of ulcer, for the increased heart's action tends to increased local congestion, and hence the sloughing process is rather favored. Opium may be given with great advantage, and in many cases I have seen marked benefit from keeping the part in a warm bath for twenty-four hours. The callous ulcer is one in which strapping may be most usefully employed, and I think that Baynton's plan is as good as any. He says, writing in 1799, that "the straps should be two inches wide, and long enough to encircle the limb, and overlap at the ends to the extent of three or four inches. The plaster should be one inch below and two or three inches above the diseased part." I have seen benefit follow the use of blisters to these callous ulcers, and have observed a marked improvement after the application of Friar's balsam (the tincturæ benzoini comp.). Lateral incisions to release the edges of the ulcer are, in some cases, very desirable. A bandage evenly applied is very serviceable in this and in all ulcers where general support is required. The specific ulcers, as you may suppose, require specific treatment, which, from want of time, I am unable to include in the present lecture.

The importance of dressing ulcers properly cannot be over-estimated. Whether lotions or ointments be used, the lint should be cut no bigger than the wound, and it is best to apply several small pieces, which should be placed in the more excavated parts, instead of using one larger piece; thus the ulcer comes more immediately under the influence of the remedy employed. If the ulcer be undermined the lint should be introduced carefully, and not packed roughly under the overhanging parts. I have a high opinion of the lotio hydrargyrum nigrum (black wash), which I use quite irrespective of the syphilitic character of a wound. Further, I may add that if the case is one that is likely to improve by strapping, it is unnecessary to use other local applications at the same time, for it is obvious that if lint were placed on the ulcer, and then strapping applied, the lint would of necessity become puckered up. Strapping, then, deserves its own place in the treatment of ulcers, and is of immense value in cases in which the ulcer, whatever its precise physical character, is not very painful, and which has assumed a somewhat chronic character. I show you on this patient how to apply the straps. The centre of the plaster is placed on the leg exactly opposite the seat of the ulcer, and the two ends brought forward and made to overlap. Each successive strap covers half or two-thirds of the preceding one, and they should all lie parallel and equidistant, as far as possible. It is, however, not always easy to effect this, especially in an enlarged knee-joint, in which, owing to the contour, it will often be found necessary to deviate slightly from the ordinary rule of practice.

The Treatment of Carbuncles.

Mr. M. A. Ward, of the Adelaide Hospital, Dublin. has some remarks on the plans of treating carbuncles (in the Dublin *Journal of Medical Science*). He mentions—

1st. The plan termed compression, so ably advocated by the late Mr. O'Ferrall. and more recently by the late Mr. M. H. Collis, is, I think, admirably suited for carbuncles of a small size. I have frequently used it with marked success in such cases, in patients attending the externe department of the Adelaide Hospital; but I believe it to be impracticable

in any large carbuncle situated on the back of the head.

2d. The crucial incision is still a favorite remedy with a great many surgeons. In many cases it answers admirably, but I think it would be hazardous to adopt this plan in a large carbuncle extending from one parotid region to another, if a cut should be made from sound skin to sound skin—a rule laid down by its advocates. I have used this method with success in carbuncles of a moderate size, situated on the back. Two of the great objections to its use, viz., the danger of hemorrhage and the subsequent formation of a large suppurating sore, do not hold good in the plan that I recommend.

3d. The method of treatment by caustics is strongly advocated by many, *e. g.*, Mr. Bryant, in his "Surgery," states that he adopts no other plan. I have never used, it neither have I ever seen it used, but I have lately seen a case in which this mode was adopted, and the appearance which the back of the neck presents is anything but satisfactory, the whole of the integument having been destroyed. The neck presents the appearance of a cicatrix so common after burns. Now, I maintain that it is most important to save the integument as far as possible; when caustic is used much must be destroyed, which can be saved in the plan which I propose.

The plan which I propose is to make one incision, about an inch and a half or two inches long, as the case may be, over the centre of the carbuncle when the slough has formed, and from four to six counter-openings round the central one, varying in size from a quarter to half an inch; then plug the openings with strips of lint steeped in some stimulating application, and lay a poultice over all, dressing the carbuncle in the same way every day until all the sloughs have separated.

The advantages which I claim for this method are—

1st, and most important, all the integument is preserved.

2d. It has all the advantages of the mode of treatment by crucial incision, without any of the disadvantages of that method.

3d. There is almost entire freedom from hemorrhage.

4th. The avoidance of a large, open, suppurating sore.

5th. Just sufficient space for removing the dead cellular tissue.

6th. Very slight cicatricial marking.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Transactions of the American Academy of Medicine may be obtained from the Treasurer, Dr. E. M. Sell, 51 West 35th street, New York city.

BOOK NOTICES.

A Guide to Therapeutics and Materia Medica. By Robert Farquharson, M. D., Edinburgh, F. R. C. P., London. Enlarged and adapted to the U. S. Pharmacopœia, by Frank Woodbury, M. D. Henry C. Lea, Philadelphia.

A pleasing book in appearance, well bound and neatly printed. Its peculiar but happy arrangement makes it a very convenient book of reference. It appeals to all who desire to have a more familiar and correct acquaintance with drugs, not only as regards their influence upon disease, but also their action upon the human system in health. The editor justly remarks in his preface, "If therapeutics is ever to attain the precision of a science, it must be based upon the fullest attainable knowledge of this kind."

In reproducing the "Guide to Therapeutics," the editor found it desirable to make considerable additions, so as to adapt the work to the wants of American students. These additions have been such as to seem to warrant the insertion of the words, *Materia Medica* in the title-page. The editor most certainly has done his part well, and taken more care, and done more work than is usual. The author's introduction should be read by every student of medicine, and it would do no harm, in fact, to many practitioners. This introduction treats of "General Rules for Prescribing," as regards combination of drugs; form of administration; proper time for exhibition; dosage; the interval between doses; idiosyncrasy; habit; toxic effect from small doses; chemical and physiological incompatibilities; prescribing for children; prescription writing; weights and measures; observations upon doses, and general rule for doses. This is followed by remarks on certain classes of remedies, antidotes, acids, anthelmintics, diaphoretics, emetics, expectorants, etc. The arrangement of the matter is unique, but highly advantageous, to enforce and impress the mind of the reader. This consists in the corresponding effects in health and disease of each article, which are presented in parallel columns. The editor is a member of the Committee for the Revision of the U. S. Pharmacopœia, and has availed himself of every source of information to increase the practical value of the book as a work of reference to students and practitioners. The American editor has added a complete list of *all* the preparations of the U. S. Pharmaco-

pœia, arranged alphabetically under their appropriate headings—under Ferrum all the preparations of iron, etc. Such a list is invaluable to all lecturers on Materia Medica or to students. He has also added Therapeutic suggestions, or List of Diseases, which does not appear in the original, but which is fully up to the modern treatment of disease, and may be found acceptable in the daily round of practice. We can safely advise our readers to own such a book, feeling that the amount of information to be obtained from its pages will far more than repay the moderate outlay in its purchase.

Forensic Medicine and Toxicology. By W. Bathhurst Woodman, M. D., F. R. C. P., and Charles Meymott Tidy, M. B., F. C. S. Philadelphia, Lindsay & Blakiston, 1877. Buffalo, T. H. Butler. pp. 1083. Price, cloth, $7.50; leather, $8.50.

This work contains almost everything that can be found in other works on the subject; it is, however, no mere compilation; the authors, Dr. Woodman and Dr. Tidy, have most thoroughly thought out the subject for themselves. There is nothing in the whole literature of medical jurisprudence so thorough and exhaustive.

After some preliminary description of the coroner's office and duties, a chapter is devoted to the proper plan of making a post-mortem examination. This is followed by a very judicious synopsis of the signs of death, and of the phenomena of rigor mortis, putrefaction, adipocere, etc.

We then come to the discussion of poisoning, which is singularly full and complete. All the varied forms of poisons are mentioned with much particularity, such as the haloid elements, the metals, the mineral acids, vegetable poisons and animal poisons. Several chapters are then given on such subjects as stains on linen; the detection of blood stains; life insurance; the normal height and weight of man at different ages; the modes of death, and various causes of sudden death; the limits of distinct seeing and hearing; personal identity; peculiarities in handwriting; sympathetic inks; recognition of footprints; pregnancy and its limits; signs of recent delivery and abortion, etc. Sexual crimes are carefully investigated, such as rape; signs of defloration; diseases mistaken for rape; indecent exposure; unnatural crimes, etc.

A chapter is given to malpractice and syphilis in its medico-legal relation; another to the forensic bearings of unsoundness of mind. The different forms of death are treated at considerable length.

This rehearsal will indicate the wide range of the book, and its thoroughness leaves nothing to be desired. The references are so copious as to make it a bibliographical work of the first rank. There are a large number of illustrations, and the typographical arrangements are clear and judicious.

Tobacco, From the Seed to the Warehouse. A Practical Handbook for the Tobacco Planter, with Historical and Medicinal Facts for the Consumer. By B. Rush Senseny, M.D. Published by John M. Pomeroy, Chambersburg, Pa. pp. 151. Price $1.00.

The enormous increase in the consumption of tobacco renders its cultivation and use of much moment in both an economical and a sanitary aspect. In the work before us, the author discusses the qualities of seed, the preparation of the ground, the cultivation of the plant, and the curing of the leaves, with the intimate knowledge derived from practical experience; and in regard to the physiological action of the plant, its medicinal properties, and the sanitary advantages and disadvantages derived from its consumption, he is evidently not only well read, but what is far more rare, he is without prejudice and judicially impartial.

The historical and statistical portions of the book are sufficiently full without being tiresomely minute, containing quite as much on these subjects as the general reader will demand. The remarkably large profits which tobacco culture yields will no doubt render it a favorite branch of agriculture for a long time to come, and probably no better work to give instruction could be found than the one before us.

Materia Medica for the Use of Students. By John B. Biddle, M.D., Professor of Materia Medica in Jefferson Medical College, etc. Eighth edition, revised and enlarged, with numerous illustrations. Lindsay & Blakiston, Philadelphia.

It is hardly necessary for us to do more than announce that a new edition of this work has appeared. The standing of both the author and publishers is a guarantee that the revision and publication are thoroughly done.

THE

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Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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PREMIUMS AND INDUCEMENTS.

From and after the first of October we are offering to all *new subscribers* the Reporter for *fifteen* months (October 1, 1877, to January 1, 1879) for *five dollars*, one year's subscription price.

That our old subscribers may also receive an equally liberal offer, we make them the following proposition.—

Any old subscriber who will send us one new subscriber to the Reporter, remitting ten dollars to cover the two subscriptions, will receive the Physician's Daily Pocket Record for 1878, or the Half-Yearly Compendium for 1878, *gratis*, as he may prefer.

Any old subscriber who will send us a new subscriber to both Reporter and Compendium, remitting twelve dollars to cover both subscriptions, will receive a copy of either *Napheys' Medical Therapeutics*, *or Napheys' Surgical Therapeutics*, as he may prefer.

INQUIRIES CONCERNING ANÆSTHETICS.

At its last meeting the British Medical Association appointed a committee to make further studies on anæsthesia, especially with regard to the relative merits of chloroform, ether and bichloride of methylene. The last mentioned, by the bye, is preferred to either of the former by Mr. F. Spencer Wells and other eminent British surgeons.

Such committees are much needed, for there are a great many points about anæsthetics not yet satisfactorily settled. Some of them are of great medico-legal importance, and considering how intimately they concern medical men, even to the extent of putting their personal and professional reputation in peril every time they administer an anæsthetic to a female without competent and truthful witnesses standing by, it is extraordinary that greater attention has not been given them.

Quite lately a medical man in England was arrested and imprisoned on the charge of a married woman that he had violated her after giving her chloroform to extract a tooth. She claimed that though wholly speechless and powerless, from the anæsthetic, and therefore unable to resist, her mind was quite awake and she knew everything that took place. A gentleman on the trial deposed to a similar occurrence in the experience of a friend.

Here, therefore, is a question we would ask, and one obviously of vital importance. If this condition of complete consciousness does at times coexist with complete motor and sensory anæsthesia, of course the plea of imagination offered in such cases as the usual defence falls to the ground. For our own part, we have administered both chloroform and ether very frequently, but never knew an instance when the patient was so completely under the influence of the agent that he felt no pain, in which consciousness or memory remained active.

Again, there is the old inquiry as to whether a person in sleep can be anæsthetized.

The latest thorough study of these and kin-

dred questions which we have seen is by Professor R. M. Denig, in the *Ohio Medical Record*, January, 1877 (given in the Half-Yearly Compendium, July, 1877). His general conclusions are that chloroform cannot be used successfully for felonious purposes, and that a person in the anæsthetic state is not a competent witness, which conclusions we believe to be correct.

In regard to ether, there are some inquiries of a different character worthy of attention. We were recently asked by a very observant surgeon whether cases were recorded where a single administration of ether left behind it permanent impairment of the digestive and nervous systems, extending over years. He narrated one such case in his own experience, in the person of a strong and healthy young man, who took the anæsthetic for a trifling operation. Such an instance was known to us, but the subject was a hysterical woman, and we never felt sure how many of her symptoms were imaginary.

More than one death from ether have been lately recorded. Mr. Robert Saundly, of Birmingham, gives the following typical instance in the London *Medical Press and Circular*:—

M. C., aged 35, was admitted for contracted knees. On October 4th, at 12.45 p.m., I administered ether with Ormsby's apparatus; it appeared to me a very favorable case; very little of the anæsthetic was used; there were no alarming incidents; very little stertor or cyanosis; no vomiting; no obstruction to respiration, which was throughout regular and full. After Mr. Bartleet had straightened the limbs, some time was consumed in adjusting splints, during which time no ether was given; and, as there appeared to be absolutely nothing to call for any notice at the time, I watched her with the utmost satisfaction, and allowed her to be carried out of the theatre without arousing her from the sleep into which she had fallen. She was removed on a stretcher, and was well wrapped up, but, to reach her ward, was carried about fifty yards across the open court, the day being fine. After being placed in bed, she roused and spoke to the nurse, who noticed nothing unusual about her. At 2.45, about one hour and a half after her return to the ward, she became suddenly alarmingly ill, and when seen by the house physician (in the absence of the house surgeon) she was cyanotic and pulseless, with *râles* all over the thorax. All attempts to rally her were fruitless, and she died at 4.15 the same afternoon.

The post-mortem examination, made the following day, showed some œdema of the membranes of the brain; no thrombosis of the pulmonary artery; heart healthy, containing a little blood in the right auricle; ventricles contracted; lungs pale and œdematous; other organs healthy.

There seems to be no doubt that the deceased completely recovered from the ether narcosis, but died from œdema of the lungs, which supervened one hour and a half after her removal from the theatre.

Whatever the immediate pathological cause of death here, it is to the ether-narcosis that that condition is to be attributed. It illustrates that too confident reliance on ether as a harmless agent is both unfounded and dangerous.

Notes and Comments.

The End of the Year.

With the end of the year the time of a large number of our subscribers runs out. As in the past, so in the future, we intend to use every endeavor to make the journal in every way worthy of their patronage, and trust that they in return will continue to aid in rendering it all that it should be. This is very greatly assisted by early and prompt remittance of amounts due for the incoming year. We ask all to let these few words be sufficient, without further reminders coming from us.

Lesions of the Pancreas in Diabetes.

The *Gazette Des Hopitaux* states that recently M. Lancereaux laid before the Académie de Médecine some specimens exhibiting extensive lesions of the pancreas in subjects of diabetes, and having related the histories of the cases whence they were derived, and referring to others already on record, went on to say that it was thus evident that, at least in some cases, diabetes is accompanied by great alterations in this organ. In these cases the progress of the disease has been relatively rapid, and has been attended by polyphagia, polydipsia, excessive emaciation, and abundant glycosuria —in fact, by all the characteristics of saccharine diabetes. So, also, animals from which the pancreas has been removed become voracious and rapidly emaciated, and die very quickly. There would seem, therefore, to be no doubt that there is a causal relation between these

changes in the pancreas and the disease in question. This form of diabetes may be distinguished by the relatively rapid occurrence of emaciation with polyphagia and polydipsia, and by the peculiar character of the alvine evacuations. Its prognosis is most unfavorable; the indication for treatment consists in suppressing alimentary substances that are digested by the pancreatic juice, in favor of those which undergo digestion in the stomach.

Some of the Parasites Coincident with Disease.

On Plants.—The fungus of rye (ergot); paccinia of wheat; oidium of grape; peronaspora of potato.

On Animals.—Muscardine; pebrine of the silkworm; empusa of the fly; ærophyta; bacteria; bacteridia; coccobacteria; microzymes; coprophytes; micrococci, etc. All terms applied to (hypothetical) disease germs.

On or in the Human Body.—Acarus; trichina spiralis; echinoccus, etc.; oidium albicans of thrush; achorion; trichophyton and microsperons of skin diseases; mycetoma (fungus foot) of India.

Test for Purity of Oil of Rose.

Oil of rose is adulterated with oils of rhodium, sandal, geranium and camphor.

A single drop of pure oil of rose, placed under a bell glass, in the cold, and exposed to the vapor of iodine, will remain perfectly clear and unchanged in color, after exposure to the air; but if mixed, it will become yellow, brown or black, according to the extent of the adulteration.

A little of the oil placed upon a watch-glass, with a like amount of sulphuric acid, retains the purity of its color and odor, but if adulterated, it becomes more or less brown, and emits foreign odors.

Sulphate of Atropia in Pathological Sweating.

Dr. Royet, in the *Lyon Medical*, furnishes the results of the trials made with this substance by Professor Vulpian since 1873. These demonstrate the efficacy of atropia in sweating under the most various circumstances, as phthisis, rheumatism, convalescence, prolonged suppuration, hysteria, and the influence of jaborandi. The dose of the sulphate varies from half a milligramme to one and a half, it being very rarely desirable to go beyond this. The most convenient form to administer it is in pills or granules, each containing half a milligramme. In order to act with efficacy, the medicine should be given a few hours prior to the occurrence of sweating. Thus, in the nocturnal sweating of phthisis, the pill should be given at eight or ten o'clock in the evening. At least two hours should elapse between the doses, and, if two or three are required in the twenty-four hours, these should be divided by equal intervals. From two to four days suffice to produce a suppression or notable diminution of the sweats; but, in order that the effect may be durable, the use of the atropia should be prolonged, with some diminution of the dose, for eight or ten days. The author of the thesis agrees with Professor Vulpian in believing that it is nowise imprudent to suppress sweating in rheumatism.

Salicylic Acid in Intermittent.

The communication of Dr. A. S. Stonebaker on this subject, in the Reporter for December 1st, 1877, has called forth several reminders from readers, that Dr. Stonebaker has by no means the priority in this plan of treatment. In this journal for June 2, 1877, Dr. J. P. Thomas, of Kentucky, claims priority in reporting this plan of treatment; while the employment of salicin in intermittents was familiar to the Confederate surgeons in the late war. In the Reporter for February 26, 1876, page 166, will be found a series of conclusions drawn from the practice of Dr. Hiller, of Berlin, on the value of salicylic acid in malarial fevers.

Dobell on Coughs.

The very practical and highly esteemed work of Dr. Horace Dobell, "On Coughs, Consumption, and Diet," published last winter, has been reduced in price to $2.00. It will be sent postpaid for that sum, by the editor of this journal. Few physicians have given the subjects treated of in this book equal study with Dr. Dobell, and perhaps no treatise of the same size throws more light on their varieties, diagnosis, etiology, and treatment.

Rupturing the Membranes.

Mr. Plaister, in an interesting analysis of 800 consecutive midwifery cases, is outspoken in urging the early rupture of the membranes. He says: "I have never found any ill-effects from rupturing the membranes when the os is the size of a shilling, but find that the child's

head forms a better wedge than the bag of liquor amnii. I cannot recall any instance where there has been any retarding of labor through this procedure." It certainly does seem as if in many cases a good deal of uterine force is uselessly expended in the effort to rupture the membranes; this accomplished, naturally or artificially, the labor goes on more quickly, and is soon and satisfactorily over. Dr. Matthews Duncan, in his book on the Mechanism of Natural and Morbid Parturition, has given experiments which go to show that the pressure necessary to rupture the membranes is about as great as that required to expel the child. It were well, therefore, to relieve the mother of this waste of force.

Recovery after Taking Eighty Grains of Tartar Emetic.

The Canada *Journal of Medical Science* says: Mr. F. Mason, of Bath, England, reports a case of a laboring man who took, by the mistake of a prescribing druggist, eighty grains of tartar-emetic. No very serious results followed, but the use of tannin and emetics was resorted to, followed by decoctions of cinchona. The patient had been suffering with diarrhœa for several weeks, and seems really to have been benefited rather than made worse by the rough treatment he experienced. (?) Was that tartar-emetic pure?

News and Miscellany.

Personal.

—Dr. Handsel Griffiths, of Dublin, well known for his pharmaceutical works, died Nov. 16th.

OBITUARY.

DR. RALPH MILBOURNE TOWNSEND.

But a fortnight since this journal contained a notice to Dr. Townsend's many personal friends, to the effect that he was improving in health and expected soon to resume his communications to its pages. Providence has ordered it otherwise. Through one of those sudden changes for the worse, seen so often in chronic phthisis, his life was terminated at Saranac Lake, N. Y., on December 12th.

In him the profession loses a most promising member; a wide circle of friends one whom they had learned to love and esteem; and this journal one of its most valued contributors.

His association with the Reporter commenced in 1869, from which date until 1873 his reports of clinical lectures were numerous and much admired for clearness and point. In April, 1874, he published in its pages a remarkably interesting lecture entitled "Some Medical Pilgrimages Abroad," with a striking illustration of the tomb of Paracelsus; and in the winters of 1876-77 he contributed a series of letters on "Climate and Travel in the Treatment and Cure of Consumption," which attracted wide and favorable comment. In these he gave in graphic style a narrative of his long struggle with the insidious disease which finally overcame him.

Dr. Townsend was a graduate of the Central High School of Philadelphia, and received his diploma from the Jefferson Medical College in 1866. He received in 1874 the appointment of Lecturer on Minor Surgery in the summer course of that institution, and was a member of the College of Physicians of Philadelphia.

His age at the time of his death was 31 years.

At a special meeting of the Alumni Association of the Jefferson Medical College, the following Preamble and Resolutions were unanimously adopted:—

Whereas, The Alumni Association of Jefferson Medical College have heard with grief and regret of the decease of their loved associate, Dr. Ralph M. Townsend; therefore, be it

Resolved, That we regard the death of Dr. Townsend as a most painful affliction to his family, the profession and the public, but more especially to this Association.

Resolved, That we desire to express to his bereaved family the love and admiration we have always borne for him, and our belief in the great loss thus experienced.

Resolved, That as we knew him as a gentleman of profound learning, an earnest worker, and one who had, by his writings, made himself favorably and pleasantly known to the medical world, we feel that we can the more deeply sympathize with his bereaved wife, his relatives and friends in this, the hour of their deep sorrow.

Resolved, That a committee of this Association be appointed to attend his funeral.

Resolved, That this preamble and resolutions be published in the Medical Journals of Philadelphia and the daily papers, and that a copy be sent to his family.

S. D. GROSS, M.D., *President.*
THOMAS H. ANDREWS, M.D., *Secretary.*

MARRIAGES.

LeBar—Hart.—In Pennington, N. J., at the residence of the bride's father, November 29th, 1877, by the Rev. D. R. Foster, assisted by the Rev. W. Treble, Frank LeBar, of Shawnee, Pa., and Ida, daughter of Dr. Israel Hart, of the former place.

Pawling—Slingluff.—On Wednesday, December 12th, 1877, at the residence of the bride's parents, Norristown, Pa., by Rev. Thomas S. Yocom, assisted by Rev. Isaac Gibson, Dr. Harry Pawling and Clara, youngest daughter of William H. Slingluff, Esq.

Smith—Peace.—On Thursday, December 13th, by the Rev. Edward L. Lycett, Dr. Robert Meade Smith and Florence, daughter of Edward Peace, M.D.

DEATHS.

Cullen.—At Camden, N. J., on the 21st ultimo, Thomas F. Cullen, M.D., aged fifty-six years.

Hall.—On November 26th, 1877, of puerperal peritonitis, Fannie I, wife of Dr. J. E. Hall, of Parker City, Pa., aged nearly twenty-eight years.

Horwitz.—Suddenly, on Wednesday night, December 12th, Dr. Theodore Horwitz, son of Medical Director P. J. Horwitz, United States Navy, aged twenty-one years and three months.

Townsend.—At Saranac Lake, N. Y., December 12th, Ralph Milbourne Townsend, M.D.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION, Cerebral Congestion, Headache, Indigestion, Bile, Hemorrhoids, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. Belin and Tardieu, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

DUREL'S SYRUP

OF

TAR AND IRON,

Prepared by DUREL, Pharmacist, Paris.

The combination in one preparation, of the stimulating and balsamic properties of Tar with the tonic properties of a salt of iron, is a desideratum, which has at last been attained in this preparation. The indications for such a remedy are many, but it has been found especially useful in CHLOROSIS, BRONCHIAL CATARRH OF THE BLADDER, CHRONIC UTERINE DISCHARGES depending upon an enfeebled or relaxed state of the system. It is sold by chemists generally.

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1868. Silver Medal.

1872. Gold Medal.

1873, VIENNA. Medal of Merit.

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Beware of so-called French Pepsines bearing fictitious names, and prescribe Boudault's only.

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Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverized iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of

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BEWARE OF IMITATIONS.

E. FOUCERA & CO., Agents,

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TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly ;* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say : —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE ; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN, June 1, 1876.
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THE

MEDICAL AND SURGICAL REPORTER.

No. 1087.] PHILADELPHIA, DEC. 29, 1877. [Vol. XXXVII.—No. 26.

Editorial Department.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

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D. G. BRINTON, M.D., EDITOR.

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RETROSPECTIVE WORDS.

With this number is closed another, the thirty-seventh, volume of the Medical and Surgical Reporter, and also the year. In spite of the difficulties which have so numerously beset the prosecution of enterprises of every kind, owing to commercial prostration and war, it is gratifying to observe that the ardor of scientific investigation has not been cooled, and a constant addition to the stores of medical science is notable. We have but to glance at the ample indexes of the two volumes of this journal for 1877 to obtain a brief abstract and full chronicle of the ceaseless activity of the students in our profession.

The Reviews and Book Notices record a more than usual outflow of treatises, essays, and monographs, while in our Notes on Current Medical Literature are preserved very abundant records of the more ephemeral contributions to the literature of the profession. An examination of these indicates a cheering tendency toward original thought and experimental methods of study, as well as a devotion of time, more and more, to special branches.

The Medical Societies whose meetings have been recorded during the year, have added much to the general fund of knowledge, and have rendered even a greater boon by promoting good feeling and harmony of action among members of the profession. They are standing evidences of the advantage which the principle of "solidarity," as it is termed by political economists, is bound to exercise in the social growth of the future.

The wide survey of the activity of our contemporaries which has been given in the Periscopic department of the Reporter, adds to the testimony above referred to of the solid and

actual progress in medicine. So rapid is it, that he who neglects the diligent perusal of periodical literature for a single year, feels a sensible loss and strangeness when he resumes it.

Probably the most vivid portraiture of the actual condition of advanced medicine is to be found in the "Hospital Reports," the clinical lectures of eminent and active medical teachers. To these, as heretofore, we have given special prominence during the past year, and have completed our arrangements to secure even more extensive reports in the future.

We have here said nothing of the original communications contributed to this journal. These may appropriately form the theme of another review of the year.

Notes and Comments.

Future Arrangements.

We have completed arrangements for a series of selected clinical lectures from Chicago, in addition to those from Baltimore, New York, and Philadelphia. Our list of contributors for 1878 will be fully equal to any we have ever laid before our readers, and in other respects we are safe in promising volumes of unusual interest for the coming year.

Will our subscribers kindly do their share by an early remittance of the amounts due on their subscriptions, so that neither they nor ourselves need suffer the inconvenience of sending or receiving reminders of indebtedness?

Domestic Remedy in Scrofulosis.

A correspondent in Missouri sends us a recipe of local celebrity in various forms of scrofulosis. It is as follows:—

Sarsaparilla root,		
Burdock root,	āā	℔½
Poke root,		℔7
Puccoon root,		℔½
May-apple root,		℔¼
Whisky,		one gallon.

A teaspoonful three times a day. This is undoubtedly a very efficient preparation in a wide class of cases, the ingredients being well-known articles of the indigenous materia medica.

Correspondence.

Maternal Impressions.

Ed. Med. and Surg. Reporter:—

Allow me, through the columns of your valuable journal, to put on record one of those mysterious cases, seeming to show the influence of the mother on the fœtus *in utero*.

The first week in February, 1877, Mrs. H. was unwell (menstrually). She had been married nine years, without daring to beget children, on account of somewhat feeble health; but having gained considerably during the year previous, she was very desirous of child-bearing.

At the end of the week she left her husband for a three weeks' visit with some relatives. The next month her courses did not put in an appearance. About four months afterward, while visiting a friend, she was startled by a couple of Cuban bloodhounds around the corner of the house, one of them, open-mouthed, springing at her. She involuntarily covered her face with her hands, a very unusual thing with her. I heard through a lady friend that she feared her child would be marked in some way about the face, and she told me so herself when she was confined, which occurred December 5th, fully three weeks later than would be expected. She had excellent health all summer, and the child seemed lively and vigorous. The waters dribbled away the week before I was sent for. After a tedious labor she was delivered (instrumentally) of a large, well-developed male child, still-born; everything perfect but the head. This was small, somewhat round, the posterior part covered with a flesh-looking membrane; the eyes large, round, situated at the upper and outer angles of the face; the mouth immense, nearly three inches from side to side, and two inches from above down. The tongue large, and would have protruded like a dog's, except held by the frenum, which was attached to the lower lip. The ears were not large, but pendulous, and like a dog's in shape and location.

C. A. Freeman, M.D.

Newark, Illinois.

Silver Plate in Cranial Wounds.

Ed. Med. and Surg. Reporter:—

In reply to Dr. Sigworth's communication of the 26th ultimo in regard to the use of a silver plate in preventing escape of brain substance, I would state that I found no difficulty in keeping the plate *in situ* in the Moun case until it healed over. This was accomplished by shaving the scalp around the wound, and running strips of adhesive plaster over the plate in different directions. A compress and roller, firmly applied, and changed as often as necessary to insure firmness and cleanliness, fully prevented protrusion of cerebral substance through the opening in the skull, which was nearly two inches by three inches. The wound

was entirely healed at the end of a month, when the silver plate was removed. Any other method devised which would accomplish the same ends would certainly be good surgery, but the firm, smooth and non-irritating silver plate has proven most satisfactory in my practice in these cases. I might be permitted to add, that when there is insufficient pressure kept up, so that there is the least protrusion of cerebral substance, that dangerous affection known as fungus of the brain is almost sure to supervene. I. N. Snively.

Waynesboro, Pa., Dec. 13th, 1877.

News and Miscellany.

Chloroform Hallucinations.

A surgeon in England was recently tried for rape on a woman under the influence of chloroform.

For the defence, Dr. B. W. Richardson was called, and stated, from the evidence in the present case, he should say that the patient had reached the second stage. The usual symptoms accompanying that stage were loss of consciousness and, in the case of women, development of any hysterical tendencies, any operation being impossible at this stage, the patient resisting and screaming if touched. It was at this period that the patient was subject to illusions. A person who was deprived of the power of motion by chloroform would, in his judgment, be deprived of the power of sight. He knew from his own personal experience that persons in the second stage were subject to delusions as to what had been done to them during the time. He gave an instance of a lady who, in the presence of himself, her father and mother, and a dentist's assistant, while under the influence of chloroform, brought a charge against the dentist who was operating upon her, precisely similar to the one in the present case, and continued firm in the belief that the charge was well founded, long after the influence of the chloroform had passed off, and probably still continued in the belief.

Other medical witnesses were called, and expressed their concurrence in Dr. Richardson's evidence. It was stated that all the medical witnesses for the defence had come forward to give their evidence entirely gratuitously.

The jury returned a verdict of not guilty.

Dr. Edward H. Clark, of Boston, Mass.

This esteemed medical teacher died November 30th, 1877, in the 57th year of his age. He graduated at Harvard in 1841; at the Medical Department of the University of Pennsylvania in 1846. In 1850 he and other medical men of Boston started the Boylston Medical School, and in 1855 he was appointed Professor of Materia Medica in the Harvard Medical School, which position he held until 1872. He was a most successful lecturer and teacher, and made the dry subject of "Materia Medica" interesting and instructive. In the early portion of his career he devoted much time and careful study to the subject of diseases of the ear. Dr. Clark published in 1858 a most valuable paper on perforations of the membrana tympani, its causes and treatment, which even at the present day has not been excelled in its completeness and the sound principles of treatment there laid down, and above all, the caution which he gives to physicians as to the necessary careful attention which should be given to the ears of their patients during the course of the acute exanthema. Dr. Clark was a cultivated gentleman and a man of fine literary culture, being very free from selfish views, giving every one credit, and being careful never to hurt the feelings of his medical brethren. In Dr. Clark's retirement from the active duties of his profession, he devoted much time to popular subjects, frequently giving his advice, the result of thirty years' experience. He was principally known to the general reading public by his useful essays on Sex in Education, etc. May his noble example be followed by the members of the profession.

A Homœopathic Declaration.

At a meeting of the Homœopathic Medical Society of Albany County, New York, on December 11th, the following advanced resolution was adopted:—

"That the theory of dynamization of drugs promulgated by Hahnemann in the Organon is, in the opinion of this society, false in theory, and should be discarded by the homœopathic profession."

This is quite a step in the right direction.

Personal.

—Dr. Thomas F. Rumbold, of St. Louis, has taken charge of the St. Louis *Medical and Surgical Journal*. He is already known as an able contributor to the literature of the profession, and no doubt will conduct the periodical in question with energy and success. He has our best wishes.

—Dr. H. S. Tanner, of Minnesota, whose alleged fast for forty-two days George Francis Train so vigorously denounced as a fraud, has written a long letter asserting the truth of the story as originally told. He says that the experiment was undertaken, not for notoriety nor for money, but for the sake of suffering humanity.

—Dr. S. E. Thayer, of Massachusetts, writes us that he has in his possession a tænia solium, in one piece, 22 feet 17 inches in length, which was removed from a child, twenty-three months old, by a single dose of kooso.

—Dr. Bouvier, of Paris, and Dr. Barth, of the same city, both practitioners of very advanced years and much celebrity, died recently.

—Dr. J. G. Richardson has been unanimously elected to fill the chair of Hygiene in the University of Pennsylvania, made vacant by the resignation of Dr. Horace B. Hare.

OBITUARY.

DR. JAMES B. COLEMAN,

Of Trenton, New Jersey, died December 19th, of paralysis, at the age of 73 years. He graduated at the Yale Medical School in 1829. Dr. Coleman practiced in Trenton for the last forty years. He was noted for his attainments in almost every direction. His love for investigation led him to make innumerable inventions, which he always allowed others to utilize. While physician at the State Prison, in 1841, he originated the plan of forced ventilation by means of blowing fans, and the Legislature at once adopted it. When electroplating was made known he at once conceived the idea of applying the process to forming raised wood-cuts. He invented a method of firing heavy ordnance, such as fifteen or twenty-inch guns, by means of a central chamber, which, being fired first, overcomes the inertia of the ball. A series of papers on natural and artificial mechanism were republished in the *Scientific American* and in Europe. Thirty-five years ago he successfully extirpated the parotid gland of a patient, and was skillful in the most difficult operations. The "Cities of the Plain," republished anonymously in Boston, was his, as well as the "Last Reveille," which attracted so much attention during the war. A generation since he drew quite a number of political cartoons, one of which did more than any other cause to defeat John R. Thomson, in his candidacy for Governor of New Jersey. His "Gold Humbug" caricature was published in New York, in the form of a fifty-cent ticket, during the United States Bank difficulties. Over three hundred thousand were circulated. He has been president of the Medical Society of his State, of the Trenton Board of Health, and enjoyed the esteem of the most cultured, not only in his own home, but in Philadelphia, New York, and, indeed, wherever known.

DR. THEODORE HORWITZ.

On last Saturday morning a procession, consisting of a large number of the students of the Jefferson Medical College, was formed on Tenth street, and marched to the residence of Dr. Phineas Horwitz, formerly Chief of the Naval Bureau, to pay their last tribute of respect to his son, Dr. Theodore Horwitz, late Assistant Demonstrator of Anatomy at the Jefferson Medical College, and member of the Surgical Staff of the Jefferson College Hospital. On the return of the procession to the lecture room, a meeting was organized, by calling George T. MacCord, of Pittsburg, Pa., to the chair, and J. Moore Campbell, Secretary. A committee was chosen to prepare a series of resolutions expressive of the sentiments of the class, who reported the following:—

WHEREAS, Dr. Theodore Horwitz has been removed from our circle by the hand of death, which exercises no partiality toward old or young; therefore, be it

Resolved, That we, the students of the Jefferson Medical College, have, by his death, lost an efficient and able anatomical instructor, and the medical profession at large an honored, true, and highly respected member.

Resolved, That we recognize in him a thorough scholar, an enthusiastic member of the medical profession, a genial companion and a sympathizing friend, and one for whom bright laurels were in store, had he not been cut off at the dawn of his usefulness.

Resolved, That we tender to the afflicted family our sincere sympathy in the loss they have sustained in their family circle, and that a copy of these resolutions be presented to the father of the deceased, and published in the daily papers, as well as in the medical journals of Philadelphia.

J. H. BITTINGER, Pa.
W. S. JONES, N. J.
A. P. WITTING, Ky,
J. L. MILLIKIN, Pa.
A. B. MILLER, Mo.
Committee.

At a special meeting of the Assistant Demonstrators of Anatomy of the Jefferson Medical College. the following preamble and resolutions were adopted:—

WHEREAS, The Assistant Demonstrators of Anatomy have heard with profound grief and regret of the decease of their Associate, Dr. Theodore Horwitz, therefore be it

Resolved, That we regret the death of Dr. Horwitz, as a most painful affliction, alike to his family, the profession, and to us his associates.

Resolved, That we desire to express to his bereaved and sorely-stricken family the love and admiration we bore him, and grief in the great loss thus sustained.

Resolved, That as we knew him to be a gentleman, a scholar of high attainments, an earnest worker and thinker, we feel that we can the more deeply sympathize with his bereaved family in this the hour of their deep sorrow.

Resolved, That a committee of this body be appointed to attend his funeral.

Resolved, That a copy of these resolutions be furnished to the family and printed in the Medical Journals of Philadelphia and daily papers.

J. V. SHOEMAKER, M.D.
THOMAS E. RICH, M.D.
W. G. MCCONNELL, M.D.
JESSE WILLIAMSON, M.D.
Committee.

MARRIAGES.

HOLLAND—PRUNTY.—At Ashland, Ill., Thursday, December 20th, Dr. D. J. Holland, of Atchison, Kansas, and Miss Mary E. Prunty.

JARRETT—KIMBALL.—On Thanksgiving morning, November 29th, at the residence of E. M. Hoffman, in Livermore, Cal., by Rev. Charles W. Anthony, G. Benton Jarrett, formerly a resident of Pittsburg, Pa., and graduate of the Jefferson Medical College, Philadelphia, class of 1870, and Miss Almina C. Kimball, formerly of Rochester, Minnesota.

MATTHEWS—ALLARD.—On Wednesday, November 21st, 1877, at Fair Haven, Vermont, by the Rev. C. M. Clark, W. Leaming Matthews, M.D., of Philadelphia, and Miss Katie M. Allard, of the former place.

WURTZ—ALTMAIER.—On the 20th ultimo, in Philadelphia, by Rev. S. Breihoff, at the St. Bonafacius' Roman Catholic Church, John B. Wurtz, M.D., and Miss Julia S. Altmaier.

DEATHS.

PINKNEY—In New York, on the 7th instant, after a lingering illness, Clara, beloved wife of Dr. Howard Pinkney, M.D., in the thirty-ninth year of her age.

WILKINSON.—In this city, on the 23d ultimo, Ros M. Wilkinson, M.D.

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